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THE Public Health Nurse

FEBRUARY, 1920

Problems in Tuberculosis Work

BY MARGARET G. WEIR

Notes on Maternity Nursing in New Orleans

Scuola Infermieri Visitatrice

PUBLISHED MONTHLY BY

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THE NURSE CARING FOR BABY IN HOME—WHILE THE MOTHER STANDING BY,
WATCHES THE PROCEDURE AND LISTENS TO INSTRUCTIONS

THE PUBLIC HEALTH NURSE

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EDITORIAL

An Important Agreement

THE American National Red Cross, the National Tuberculosis Society and the National Organization for Public Health Nursing met in December to define each its special lines of work in connection with Public Health Nursing, and to enter the field together in closer combination. The program agreed upon affects every State in the Union, and should represent the most complete effort which has yet been made to increase and to more fully utilize Public Health Nursing for the prevention of sickness and the maintenance of health, as well as to place its service within the reach of the sick in their homes.

The National Organization for Public Health Nursing is a body whose permanent function is to represent the interests of Public

Health Nurses as individuals and as members of a profession.

It considers such nursing as of prime importance in the upbuilding and reconstruction of human health and, therefore, it stands for the widest possible application of the benefits of Public Health Nursing to the needs of this and of other lands.

It is actively concerned with the maintenance and continual improvement of the educational standards of the profession and with the education of public opinion concerning these standards and the need of them.

It recognizes that no cause or movement is safe unless it is underwritten by a sufficient body of enlightened public opinion, therefore, the creation of this opinion and the furtherance of laws which will ensure the protec-

tion of a high standard of excellence in Public Health Nursing are a lasting obligation on the part of the National Organization.

The production of enough nurses to meet the need already felt is a matter of immediate and urgent necessity.

The American National Red Cross, with its country-wide organization, its vast membership and practical experience in war time work, is prepared to give Public Health Nursing a tremendous extension and impetus through its post-war work in reconstruction. The man power of the country, which it so faithfully befriended in time of war, is its most legitimate concern in this time of peace.

The National Organization for Public Health Nursing desires in every possible way to so correlate its own activities with those of the American National Red Cross as to make this mighty thrust of effort immediately and widely effective. The National Organization for Public Health Nursing appreciates the care which the American National Red Cross is desirous of taking to leave local initiative free to develop spontaneously and in accordance with the varying types of varying localities; and it feels sure that, with the intelligence and good will of its eminent leadership, its action should promote and foster human initiative wherever it is found and greatly extend and

strengthen the work of Public Health Nursing.

The National Association for the study and prevention of Tuberculosis has long recognized the Public Health Nurse as one of its most valued agents in a field where the education of families and the prevention of the spread of tuberculosis, through teaching, demonstration and supervision, laid the foundations of social medicine as we know it today.

Nothing could promise happier results than this close and well-considered union of these National Associations whose aim is to place human health upon a better level and whose experience fits them to carry forward the great work which they have undertaken together.

Furtherance of the Cause of Preventive Medicine

IN the May 1919 PUBLIC HEALTH NURSE there appeared a most intensely interesting account of the purposes which the British Ministry of Health is prepared to serve and of the widespread survey which it had undertaken in preparation for its labors. In reading that account one gets an excellent idea of the orderly and far-reaching plans which this national department is able to set in motion. In this issue of the magazine we are publishing a digest of the first three sections of a Memorandum addressed to the Minister of

Health by the Ministry's chief medical officer, Sir George Newman. Sir George Newman's authority in all matters pertaining to Public Health is unquestioned. His work and his statements concerning such subjects have advanced the cause of Preventive Medicine not only throughout the United Kingdom but throughout the modern civilized world.

The present Memorandum is entitled "An Outline of Preventive Medicine." It is divided into eight sections and presents a program which for consecutiveness, simplicity and downright common sense could hardly be excelled.

Civilization has grown faster than the men and women who compose it and who carry it forward on their shoulders. The man as a unit is strangely defenseless in the midst of the forces which he has evoked and set in motion. From first to last he is in a very real sense the product of an environment which, in the majority, of cases, he is unable to modify, partly because he is unaware of his own needs and his own rights. His attention from the first is focused on doing things, getting things, having things. If he is well, he is more likely to succeed than if he is feeble, but he is usually unconscious of this fact in any real, practical sense. Therefore it is necessary that the Nation, which represents the needs and interests of the human beings which compose it, should take

under its direct responsibility the guardianship of the health of its men, women and children. Their health and enterprise represent its greatest asset and should be the nation's deepest concern.

Neither the individual himself nor the smaller unit of local government is sufficiently strong to safeguard national health unless they are related to one another through the medium of a National Department.

The need for strong warriors has always been recognized, but heretofore it has been thought sufficient to winnow out the fit and to reject the unfit. Now, apparently, when we go to war with one another nothing less than the whole adult population, with the boys and girls thrown in for good measure, will enable a nation to hold its own in the various phases of a modern struggle. But, although the recent war has no doubt enabled us to see the importance of a healthy nation as unfortunately perhaps nothing else could have made us see it, we are sure that a nation at peace needs the whole strength, inventiveness and industry of its people no less surely than it does in times of war. It can have no strength of greatness which does not come from its people, and their soundness and health will be the measure of its soundness and solvency. To succeed in spite of physical handicaps is praiseworthy, but it is far wiser to seek to reduce as far as is

possible the disabilities and deficiencies under which hundreds of thousands of human beings, even in the most enlightened countries, annually suffer unnecessarily.

At first this unnecessary yearly sacrifice of men and production seems merely stupid; but after a certain degree of enlightenment is reached it is apparent that the nation which leaves the matter of human health in any sense to chance can be accused of the grossest form of unpreparedness

not only for actual warfare but also for that state of competitive activity which we are want to call peace, and which depends for its success as against the nations on the health and productiveness of its own men and women.

The "Outline of the Practice of Preventive Medicine" instructs, inspires and encourages us. Each one of us must carry his or her small part faithfully and well in order to bring about that happy day when preventable sickness is actually prevented.

—o—

Notice to Subscribers.

THE PUBLIC HEALTH NURSE is issued on the 10th day of each month. All changes of address should be received at 2157 Euclid Avenue, Cleveland, Ohio, by the 25th day of the *preceding* month. For example, changes to take effect with the March issue must be received by February 25th; changes sent in after that date will not become effective until the March issue.

Problems in Tuberculosis Work

BY MARGARET G. WEIR

Tuberculosis Dispensary Nurse, Beverly, Mass.

I. *The New Case; the Social and Medical Problems.*

THE first visit is always an important one and a great deal depends on the impression a worker makes on her new family.

In preparation for this work she should have a fund of human sympathy, common sense and intelligence—she should be cheerful and courteous, able to understand human nature and not too exacting. She should be well herself, a teacher of cleanliness, order, economy, good will and coöperation. She should show her interest in the family as a whole, making them feel that she is a friend indeed.

In order that the nurse may be able to teach others how to get well, she must know her subject—she should know the cause of tuberculosis, the predisposing causes, the symptoms; she must have belief in early diagnosis, know how to inspire confidence in order to get the social and economic background of her family. She should know how to direct and bring into effect proper home treatment; she should know local and state institutions; the rules and regulations of the same in order to place patients with as little delay as possible. She

should know the relative value of early treatment, fresh air, good and sufficient food, rest, exercise and happy environment; she should know the history of the tuberculosis movement. She must remember that tuberculosis is more than a purely medical problem—it is a community as well as an individual problem—and unless she knows the cause and treatment of the disease she is not likely to be a success. The Public Health Nurse must prove her value, not because of her nursing, but because of her teaching ability. The nurse should always be on the lookout for abnormal social and economic conditions, because on her ability to observe and advise much depends.

The new patient has been told by his physician that he has tuberculosis and that a nurse will be sent in who can tell him what to do. In this way the nurse has an introduction to the patient and his family.

There are two types of patients that we find; first, the strong man who is willing to believe us and follow advice to the best of his ability. He is loyal to his promises and anxious to take up his part of the burden, which is really nine-tenths—for while the phys-

ician and nurse may advise and teach him what to do, it remains for him to follow the teaching.

Second, comes the weak character, who is faithful only when the spirit so moves him; unfortunately, this latter type is the one we too often meet.

When a patient decides on our advice to go to a sanatorium, if he is to win the fight we must impress on him the need for determination to get well. He must have firmly in his mind the purpose of restored health, regardless of all obstacles. He should realize that he is going away to get well, not on a holiday junket, as so many patients imagine. If this lesson has been well impressed on the patient much misery, heart sickness and discontent will be spared him.

While waiting admission to the sanatorium the patient and family should be carefully instructed in domestic and personal hygiene. The nurse should try to remedy improper living conditions if they exist. Instruction should be given in the care and disposal of sputum, in the necessity of personal dishes, towels and separate bedroom. The value of fresh air, sunlight, rest and good food should be taught. Sputum cups and napkins should be supplied free of cost to all patients. If the patient is poor he should be offered all possible chances of cure, irrespective of his ability to pay. His entire problem should be taken over and adjusted

for him—it is not enough that sanatorium care be provided for him; his dependent wife and minor children should be provided for adequately, not just barely enough to maintain existence. We advocate freedom from worry. How can a man who has lived up to his obligations in every way be free from worry if he knows his children are without proper food and clothing and that his wife has to go without real necessities?

The nurse discusses the question of clothing necessary for warmth and comfort while taking treatment, and if need be, finds means to provide the extra garments, if the family are so placed that they cannot secure them. This can all be done quietly and tactfully in order to preserve their self-respect. After the patient has entered the sanatorium, the family remains on the nurse's visiting list for supervision, encouragement, advice and occasional physical examination.

Home treatment occasionally has some advantages, but there are comparatively few cases where home treatment can be made ideal. It is usually difficult to settle down and make a business of resting; family and social interests interfere in a large degree with the routine that must be observed if the patient is going to make it his business to get well. The daily life of the patient should be carefully planned and supervised. All this information cannot

be given at the first visit—teach slowly, definitely, and as simply as possible, making sure that the patient and family understand. In many cases the teaching has to be repeated over and over again, both by talking and demonstration.

II. The Returned Sanatorium Case.

The follow-up work for the returned sanatorium and arrested home case is of vital importance; in most instances it is a period of greater trial than that of taking actual treatment. The problem of work presents itself. The patient begins with a handicap, because it is so often true that many men and women otherwise sensible, refuse to employ an arrested tuberculosis case, even when the physician and nurse assure them he or she is perfectly safe. There is also the period of adjusting himself to his home conditions, the need of introducing new ideas into his family in order to continue the habits of living so essential for his physical well being. The stimulation and help that a sensible, sympathetic nurse can give at this time are invaluable, and she should avail herself of this chance for real social work. There should be close coöperation between the various institutions who care for such patients, and the dispensary. This would mean a notice sent when the patient leaves the sanatorium, in order that the nurse may get into touch with him without delay. The notice should contain findings at the last physical

examination, his general condition, his attitude to treatment while in the sanatorium, prognosis and the desirability of the patient's resuming work. The nurse should try to get the patient examined physically at stated intervals at the dispensary or by his family physician, and keep in close touch with him for as long as seems necessary.

The home conditions, economic and social, should enter largely into the problem of follow-up care. Social and physical reconstruction should be the worker's watchword.

III. The Bedside Case.

The problem of the bedside case is still one of great importance. When we realize that practically all cases have been infected in childhood the necessity of dealing with the source of infection is very important. The real problem lies in segregating the advanced case. The care of the bed case at home has come up again and again for consideration. We know that all bed cases should be in institutions, but as long as a patient or his family can decide this matter, just so long will we have a certain portion of known tuberculosis patients die at home. The advanced case can best be cared for indoors, and the responsibility is primarily that of the tuberculosis nurse, unless such bedside care interferes with her other work. In many cases it will be found possible to instruct and educate some

member of the family to give the necessary bedside care under the supervision of the nurse. This, in my opinion, is a family responsibility and has a decided moral effect on the family who have been instrumental in keeping a patient at home, contrary to the advice of physician and nurse. It is well to emphasize to them that home care in no way takes the place of institutional care. The home conditions in regard to sanitary control are usually totally inadequate. The whole family is exposed to the danger of infection. It means that a special room has to be provided, and in many instances this means overcrowding of other members of the family. It means that special food that can seldom be afforded, must be secured.

It seems as though local hospital treatment might be the only solution for those in the later stage of the disease. This has several arguments in its favor; the fact that they can die near their own family makes for contentment; they can see their families more frequently and they have something of personal interest in the community in which they have worked, that satisfies them from day to day.

IV. Better Housing Conditions for the Poor.

Because of its influence on health, home life and the social life of the community, the housing of any town's or city's inhabitants

is of primary importance and a matter of real concern to all engaged in health work. It is well for workers to know what are the laws, ordinances and regulations affecting the maintenance and construction of dwelling houses, and how far they are enforced. Facts about the community and actual housing conditions can be secured as home visits are made. The more important facts are violations of the law, unsanitary conditions, dark rooms, the kind of toilet facilities accorded to each household, overcrowding of rooms, especially by lodgers, occupation of cellars, high rents, defective plumbing, poor fire protection, the common use of toilet facilities, the water supply, etc.

An essential part of a housing law is provision for inspection and improvement. With a large foreign population ignorant of our standards and legal rights, and frequently not knowing where to make complaint, it is not enough for inspectors to wait for complaint—regular inspection should be made to ascertain existing conditions.

V. Problems of Relief.

It has been my experience that unless adequate relief is given in tuberculosis families, no permanent effective work is accomplished. The family as a whole, and not the individual, must be treated. When necessary, we should move the family to more sanitary living quarters, provide

sufficient food, fuel, clothing and rent. The aim should be so to build up resistance that infection cannot take place. For this we need money and larger appropriations must be secured. This would seem to be real economy, eventually.

The nurse should not undertake the giving of material relief if there are in her city or town organized relief societies. It is acknowledged that it interferes with her real work, and unless no such agencies exist in her community she should attend strictly to the medical and social side of the case. It is her duty, however, to see that proper relief is given, and if the relief agencies are not meeting their responsibility, it should be so presented to them. There are certain communities that have no organized relief agencies, but even then the nurse should not assume the whole responsibility. She should form a committee, finding people who are interested in giving money, clothing and the necessities of life, when the problem can be fully discussed and wisely administered upon with her advice and coöperation. It is, however, a comfort when a nurse has a definite source of supply for certain necessities. It may be milk and eggs, clothing for the family of her patient, interim relief until adequate regular relief can be secured. Here again her committee on relief for needy families can be called into action. We need a compensation law that will pro-

vide for medical and surgical ills among the poor. It seems to me this is only asking a fair deal for the unfortunate sick and their families.

In this field we have ignorance, indifference and tradition to cope with—and it must be overcome by tact, patience, education, wise legislation, and close coöperation with other medical and charitable agencies. The problem, as I see it, is to cure the cases of tuberculosis that are curable, to provide intelligently for the cases that are not curable, so that they may live out what remains for them of life, as normally as possible, without danger to others. We must find cases in their incipiency and place them under adequate treatment; and above all we should strive to prevent new cases.

As tuberculosis is largely a medical, social and relief problem, the family as a whole and not the tuberculous member should be considered as a unit. Adequate hospital, sanatorium and home treatment should be provided for every community. These places should be made attractive and human. Families who have lost the breadwinner temporarily or permanently should get adequate, prompt and regular material and financial relief. This work should be in the hands of trained medical men and workers who have had medical and social preparation.

The Industrial Nurses' Club of Cleveland, Ohio

BY CARRIE B. CORRELL, R. N.

Industrial Nurse, The Cleveland Telephone Co.—President Industrial Nurses' Club.

THE Industrial Nurses' Club of Cleveland, Ohio, the second club of its kind to be organized by and for nurses who are engaged in industrial work, is now an active organization and meeting a long-felt want among its fifty members.

This club is an outgrowth of the annual convention of the National Organizations of Nurses, which was held in Cleveland in May, 1918. Cleveland nurses who attended the various meetings of the National Organization realized the benefits to be derived from discussion of the various problems which are a part of the industrial nurses' daily routine, and decided to act immediately.

For the benefit of nurses in other cities who may contemplate organizing a similar club and for the interest of the general nursing profession, I give the following outline:

Eight nurses met the week following the convention, for the purpose of making a survey of the city. A committee of three was appointed to make this survey and also to extend an invitation to all registered nurses engaged in industrial work to attend a picnic at Edgewater Park on June 22d, 1918, for the purpose of outlining a plan for organizing a club in September.

Fourteen nurses responded to this invitation.

It was agreed that another appeal be made to all nurses to attend a meeting the second Tuesday in September, at which time officers were elected and Constitution and By-Laws discussed. Thirty nurses were present at this meeting. This group composes the charter members of the club.

Meetings have been held regularly the second Tuesday evening of each month, with the exception of August.

The Program Committee has provided the following topics:

Importance of the Nurses' Work in Industry.

Industrial Work and State Compensation.

Lakeside Unit in France.

Home Economics and Family Budgeting.

Outline of University Public Health Course.

Red Cross Community Teaching.

Industrial Dietetics.

Industrial Health and the Means of Combating Influenza.

The Opportunities of the Physician and Nurse in Industry.

At the request of club members, four meetings were conducted as Round Table Talks and presided over by a club member. Interesting discussions have followed each meeting.

Two banquets and two picnics

have been the only social affairs to date.

Until the club was fully organized, invitations to meetings were given personally. A printed form is now used.

The Constitution and By-Laws is in attractive booklet form.

The basic principle of the Club is fully explained in Article II., which reads:

(Section 1). To discuss problems relating to the health and well being of workers in industry, which come within the province of a nurse.

(Section 2). To stimulate through the work of the Club, not only the enthusiasm of its members, but the interest of the general public and especially of employers, to a fuller understanding of the value of the nurses' work in industry.

(Section 3). To develop through discussion an efficient and practical standard for the nurse in industry, including the personal and professional qualifications of the nurse."

A second survey of the city was made to secure the names of industries which are at the present time employing nurses or who may in the near future employ a nurse. The object was to acquaint the general managers of these industries with the existence and object of the Club. One hundred and five firms received a copy of the Constitution and By-Laws, and the following letter:

"Dear Sir:

"We are enclosing a copy of the Constitution and By-Laws of the Industrial Nurses' Club of Cleveland, Ohio.

"You will note that our object is to discuss problems which pertain to the nurses' work in industry and through the

coöperation of employers promote better health conditions, thereby increasing the efficiency of the employee.

"There are approximately sixty-five Registered Nurses who are engaged in industrial work in Cleveland. Do you employ a nurse in your organization? If so, is she a member of our association? If not, we will gladly mail her the necessary application blanks for membership.

"We feel that becoming an active member of our club will be of great benefit to her.

"We are asking your co-operation in making our club a success by using your influence in having your nurse or nurses join a club which we believe has a very definite place in this community.

"Thanking you in advance for this consideration.

Respectfully yours,
MRS. CARRIE B. CORRELL, R. N.,
The Cleveland Telephone Co.
MRS. GERTRUDE ELLSWORTH,
R. N., The American Multigraph Co.
MISS GERTRUDE FOSTER, R. N.,
The Parish Bingham Co.
MISS JANET SCHLOBOHM, R. N.,
The Standard Tool Co.
MISS FLORA MATHEY, R. N., The
Standard Parts Co.
MISS LENORA MIGNIN, R. N., The
Cleveland Telephone Co.
Membership Committee.

Many expressions of approval and interest were received.

I believe the value, the possibilities and the opportunities of the nurse in industry cannot be measured. A nurse, to be fully qualified to fill so important a position, must first of all be a graduate nurse in high standing, thus enabling her to cope with all phases of surgery and medicine. She must possess tact, liking and an understanding of humanity, also a per-

sonality which would qualify her to meet people in all stations of life. She should have a broad experience in her own profession, especially along lines of public health and social service problems. It is advisable that nurses who contemplate accepting industrial positions avail themselves of the opportunity to take special work, such as the Course in Public Health Nursing offered by the School of Applied Social Science of Western Reserve University. This is especially important for the nurse who is a recent graduate.

The nurse's work does not stop at the dispensary or first aid room.

A large majority of industries employ physicians on a part time basis only, while the nurse is a full time employee. It is her duty to observe the general health of employees, also sanitation of the industry employing her. She must be ever on the alert to recognize social problems which constantly present themselves under the guise of sickness.

Therefore, it is not only necessary that she have the above qualifications, but that she continue to broaden her scope of knowledge.

The Industrial Nurses' Club of Cleveland has proved one source of meeting the above needs.



Sanitary, At Any Cost

"You-all gotta wait for yoah supper 'til I ster'lize de ice pick," said a colored cook to her mistress. "I done drop'd it on de flo' and de hygiene teachah tol' me to be careful er germs."

This was heard in a small town in Georgia where a course in Home Hygiene was being offered to the colored women by the Red Cross Public Health Nurse. The instructor pictured to them vividly the spread of bacteria, and told them that germs could be carried to food by dirty handling and by contamination of soiled dish-towels, unsanitary refrigerators, and so forth.

After the first lesson women reported that their cooks came home, scrubbed the refrigerator, cleaned the stove, and burned up all the dish-towels.

Notes on Maternity Nursing in New Orleans

EDITOR'S NOTE: For the following notes and accompanying illustrations we are indebted to Miss Mary L. Railey, Executive Secretary of the Child's Welfare Association of New Orleans, and to Miss Janet M. Geister. The notes are based on the procedure as carried out under the Child Welfare Association of New Orleans.

Staff.

THE medical staff of the maternity service consists of three staff physicians under the directions of a prominent obstetrician who acts as director of the service, presides at all staff meetings, assumes responsibility for the policies of the service and is available for consultation or actual assistance on difficult deliveries. All three staff physicians are practising physicians who have specialized in obstetrics.

The nursing staff consists of three graduate nurses who have had special training in obstetrics.

Clinic Procedure

Clinics are held weekly in each district. From the first to the seventh month patients are asked to attend these clinics once a month; from the seventh month up to the second week before delivery patients are asked to report every two weeks. Urinalysis is made by the nurse in the station at regular intervals to ascertain specific gravity, sugar and albumin. Microscopic tests are made at need by the physician in his own office. During the course of the pre-natal period, pelvic measurements are made, blood pressure is taken reg-

ularly, teeth are examined and cared for and the general physical condition improved as much as possible.

The staff nurse of the infant welfare division makes the calls to the homes once a month during the pre-natal period. The maternity nurse sees the mother at the clinic but does not call at the home in normal cases until a short time before the expected date of delivery, when she visits the mother in order to reassure her and in order to be familiar with the appointments of the home.

Care at Delivery.

Patients are asked to call doctor and nurse simultaneously; both are present at delivery. After the birth, the nurse remains to see that the mother and child are comfortable and the house in order. When difficult labor is anticipated the patients are sent to the hospital, *where they are delivered by the physician on the staff of the Child Welfare Association who has given them pre-natal care.* When the patient is unable to provide adequate bedding and gowns, these are loaned by the Association.

The Kelly Pad.

An improvised Kelly Pad is made of oil cloth pinned to the bed

with a double row of safety pins, about six inches being allowed between these rows. Rolls of newspaper are now run under the oil-cloth between the double rows of pins, these giving an elevation on three sides of the pad. Layers of newspaper are placed over the oil-cloth. As this paper is soiled, it is withdrawn and thrown into a tub placed for that purpose near the bed. Immediately before the birth of the child a sterile towel is placed over the pad.

The physicians are obstetricians with large private practice and may be called from any part of the city to a labor case. It is not felt that they can be asked to carry with them the usual labor bag. There is, therefore, included in the one bag all equipment necessary for both doctor and nurse, and each nurse is provided with at least two bags, one of which she keeps at her residence and one at her district office.

Contents of the Maternity Bag.

Irrigation bag and tubing	1
Granite basins	3
Soap and soap box	1
Hand brush and bag	1
Nurse's gown	1
Hand towels	2
Ether mask	1
Ether and drop bottle	1
Hypodermic syringe	1
Needles for Hypodermic	2
Thermometers (Mouth and Rectal)	2
Rubber Catheters	2
Rubber Gloves	1 Pr.

Leggins	1 Pr.
Stockings	1 Pr.
Lysol	1 Bt.
Alcohol	1 Bt.
Green Soap	1 Bt.
Boric Acid	1 Bt.
Bichloride tablets	2 Bt.
Covers for bottles	2
Packing gauze, 5 yds.	1 Pk.
Needle holder	1
Needles	4
Case for needles	1
Forceps Small	1
Uterine forceps	1
Scissors	1
Catgut, tubes	3
Silkworm Gut, tubes	3
Ampules of Pituitary extract	6
Jar of pads (Sterile)	1
Jar of cotton pledges (Sterile)	1
Cord tie and gauze (Sterile)	1
Silver Nitrate 1%	1
Baby Scales	1
Towels (4 in Pk.) Sterile	2 Pk.
Tooth pick swabs	6

The sterile gauze, sterile cotton and vulva pads are carried either in Mason Jars (See Picture No. 1) or in small packages wrapped in unbleached cotton. Sterile towels are also carried in similar packages (See Picture No. 1). Small white cotton bags, easily laundered, are used as containers for the hand brush, for the soap and the soap box. A simple instrument case of white linen is used for the hypodermic syringe and similar supplies. Each nurse is equipped with two bags, one of which is kept at her residence and the other at the district office.



CONTENTS OF THE MATERNITY BAG—INCLUDES ALL EQUIPMENT NECESSARY
FOR BOTH DOCTOR AND NURSE—THUS MAKING IT UNNECESSARY
FOR THE DOCTOR TO CARRY THE USUAL LABOR BAG



BEFORE THE NURSE'S VISIT—NOTE DISORDER OF ROOM,
LITTER ON FLOOR, ETC.



AFTER THE ROOM IS PREPARED FOR THE WOMAN'S DELIVERY—NOTE
KELLY PAD, TUB, AND ARRANGEMENT OF TABLE

Post Natal Care.

The physician returns on the first, third and fifth days after delivery for all normal cases and more frequently at need. The obstetrical nurse meets the field nurse for the first two days after the baby is born, and assists and directs the field nurse in giving care to mother and child. After the two days the field nurse carries the case alone if conditions are normal. Every mother is asked to report to the gynecological clinic one month after the birth of the baby.

Scope and Field.

This Maternity Service is available for any family with an income of \$100.00 or less for two people; an increase of \$10.00 per capita being allowed for each child. The fee of \$10.00 is payable at the rate of 25 cents per week if the mother feels unable to pay more rapidly.

Cases able to pay between \$10.00 and \$25.00 are considered as private patients of the attending physician and the Association makes a charge of \$5.00 additional for the service of the nurse.

Constructive Supervision of Midwives*

BY FLORENCE SWIFT WRIGHT

Supervisor of Midwives, Bureau of Child Hygiene, New Jersey State Department of Health.

The Survey.

THE law governing the practice of midwifery in New Jersey states that a midwife may only attend cases of normal labor.

When State supervision of midwives was established in January 1919 the first step was to ascertain the whereabouts, professional ability and habitual methods of each woman practicing midwifery

in the State. Midwives reporting births have been visited, the method of approach being to enlist the midwife's coöperation in furthering the child hygiene program. Other midwives licensed and unlicensed have been discovered. Child hygiene nurses, visiting nurses, health officers and physicians have aided in searching out practitioners.

It is safe to state that the licensed women are now practically all known to the State Department of Health. Many unlicensed women were found in the initial survey, but as supervision is established other are discovered. In

*For account of the origin and development of the Supervision of Midwives, as based on the successful work of the Division of Child Hygiene of the Newark City Department of Health, under Dr. Julius Levy, see June and July numbers of THE PUBLIC HEALTH NURSE.

one city the preliminary survey disclosed six unlicensed midwives. The district supervisor now has twenty-three under observation and has good reason to suspect the activities of a number of other women.

Few rural districts have been personally surveyed, but except in purely American settlements, wherever investigations have been thorough unlicensed midwives have been found even though their presence was unknown to the local registrar of births. In one settlement six untrained women practice midwifery. There is no resident physician and no licensed midwife. The death rate of infants under one year in this district for the first six months of 1919 was 172 per 1,000. It is true the numbers are probably too small for a true estimate, but the rate is high.

Estimate of professional ability and of habitual methods of midwives was made in the preliminary survey.

The original interview with the midwife has revealed her equipment and much as to her training and methods. By means of lists of topics for conversation covering pre-natal care, preparation for delivery, delivery, after care, abnormalities, instruction to mothers for baby's care, etc., it was easy to discover what the midwife thought she *ought* to do and in many cases adroit questions showed what her

real practice was. For instance, when asked if she ever had any trouble with the babies' ears, one midwife answered: "I! No, I always use lysol." We knew she pierced ears, even though she retracted her admission at once when told that such action was illegal. If a woman brags that she has delivered five thousand cases and never called a doctor we know that she has cared for abnormal cases contrary to the law. Often the midwife is quite frank about her work and we believe that her violations of the law have been through ignorance. For instance, Mrs. B. was trained in Germany. She brought obstetrical forceps with her to this country and has used them when their use was indicated. No one had ever explained the law to her and when the investigator pointed out her violation the midwife promised to obey the law and furthermore gave her forceps to a local physician whose receipt is on file at the State House. Three or more patients of each midwife have been visited during the lying-in period, the welfare of the baby being the approach and the midwife being mentioned only incidentally. Observation and another series of topics for conversation have made these visits fruitful of much real information.

A third source of information has been local physicians. They

have frequently confirmed the findings of the investigator.

General Findings.

The preliminary survey has shown that supervision is needed by all licensed midwives. The midwives themselves (those who are honest women trying to help their neighbors) see this. They need it for their own protection, instruction and encouragement.

In spite of the impossibility of the preliminary survey discovering all the unlicensed midwives, enough information is at hand to indicate that until birth registration is complete and until New Jersey has a midwife law that can be easily enforced the control of the unlicensed midwives will be a problem at least as great as that of those holding State licenses.

Former sketches in the PUBLIC HEALTH NURSE have illustrated many types of midwives and the conditions encountered.

Constructive Supervision.

In accordance with the ideas of the chief of the Bureau, so well illustrated in his progressive work in Newark, constructive supervision of each midwife was begun at the first interview in that she was informed whenever she was found to have been doing things, contrary to good midwifery, and better methods were demonstrated. With few exceptions the investigator has been cordially received and the midwife has promised her coöperation in teaching mothers

child care as taught by the New Jersey State Department of Health.

Teaching centers for midwives have already been established in Trenton, Camden, New Brunswick, Chrome, Perth Amboy, Elizabeth and Passaic. Supervision is continuing in Essex County along the lines begun in Newark by Dr. Julius Levy in 1913. Three or four additional centres will be opened in Hudson and Bergen counties as soon as funds are available. In the meantime, classes once a month will be started in Bayonne.

Methods of Instruction.

When a district supervisor has made the acquaintance of the midwives in her district she calls a meeting and the midwives are organized into an informal association for the purpose of coöoperating with the State Department of Health in giving better care to mothers and babies.

A regular series of programs is arranged, each of which includes a practical demonstration by a midwife of some nursing or obstetrical procedure, which is then criticized by the others, including the supervisor. Often, in order to make this easy, the demonstrating midwife and the supervisor decide together beforehand what the error shall be. An increasing readiness to demonstrate is noticeable. Next there is a talk on the law, abnormal cases, or some other timely subject by some one from Trenton. So far, this *some one*

has been the State Supervisor, but the time will soon come when the aid of obstetricians and child specialists will be enlisted. Just at first confidence grows better with no outsiders present except as guests. Then comes discussion of some phase of pre-natal or infant care, such as necessity of prenatal examination by a physician and means of obtaining such examination for midwives' patients; technique of maternal nursing including prenatal care of mother to insure ability to nurse, proper dress for baby, etc.

The meeting then becomes a round table for discussion of midwives' problems, and refreshments are served. These are financed by the midwives; the district supervisor provides the supplies and announces the cost at the meeting. The sum is divided by the number present and each pays her share, district supervisor, guests and midwives.

The round table is a scene of lively discussion and the interest of the midwives may be seen from the fact that, although the meetings are from three to five, it is often six before the last woman has gone home. The attendance ranges from seventy-five to one hundred per cent.

Additional Methods of Instruction

From one source and another knowledge of facts comes to the State Department of Health or to the district supervisors—late reported births, unreported births,

sore eyes, failure to call physician in abnormal cases, breast abscess, bottle fed baby, puerperal death, still birth, administration of medicine by midwives to mother, baby or other member of family, etc. Anything of this kind is made the occasion of a visit to the midwife, and the knowledge of her work is used as a basis for instruction. Many visits of this sort earn the real gratitude of the midwife, because they give her a chance to make good next time. In cases where the midwife cannot or will not be taught, it is advisable, if possible under the present law, to use such evidence in causing her prosecution in court or in getting her license revoked.

Coöperation.

The coöperation of child hygiene nurses, visiting nurses, hospitals, health officers and registrars is invaluable and is without exception cordially granted as soon as the purposes of supervision of midwives is understood. International Institutes, Boards of Education, Young Women's Christian Associations and even one Young Men's Christian Association have provided hospitality and are teaching midwives English.

The general coöperation of the medical profession has not been so easy to secure, but that is coming. This coöperation is specially needed to afford examination of expectant mothers, to assure the prompt arrival of physician when a midwife calls him in an abnormal case, to

weed out the unlicensed midwives and especially, from evidence based on the physician's actual knowledge, to secure the revocation of the licenses of unfit midwives.

Many physicians do coöperate in every way, and these are educating others. Where a few careful, competent midwives are trusted by local physicians, the desired coöperation is more readily obtained. Physicians note an increase in their practice following the introduction of active supervision of midwives.

Unlicensed Midwives.

The magnitude of the unlicensed midwife problem is just being realized. Unlicensed women are discovered daily. In rural districts and in isolated settlements of foreigners they often practise because no other care is available for mothers. In other localities their numbers would lead one to suppose their business a paying one. Where health officer and registrar of vital statistics have been active in the enforcement of the laws these women claim to work only in an emergency or they have their birth reports signed by a good-natured physician or by another midwife. Others claim to work only when "the lady is too poor to pay," or if it is shown that money changed hands, "it was a present," and the present law does not help.

In some localities it has apparent-

ly been no one's business to enforce the law, and any one who wished has acted as midwife, being paid for so doing, and even regularly reporting births. Some unlicensed women are now being trained and will try for a license. All who are at all fit are encouraged to do this.

Handicaps

The main handicaps to progress are four: the difficulty under the present law of getting convictions for practising midwifery without a license, and of getting a revocation of license for cause*; the hesitancy of the average physician to attend a midwife's patient or to give evidence against midwives; the ignorance of mothers and fathers of the rudiments of good, safe obstetrical care; and the incomplete registration of births in many parts of the State.

Progress and Results.

The midwives are being graded into four classes. *A* includes those whose work in attendance at deliveries and in giving post partum care has been observed by the district supervisor, whose work seems satisfactory, whose reputations are good and who apparently require the minimum of supervision. At present this class is necessarily few in number. *B* includes those who seem competent or very teachable, who are in good repute and who may become *A* as soon as their work is found satisfactory. *C* includes the majority at present:

*Of eight midwives who had hearings for revocation of license Dec. 8th, not one has license revoked.

those who require active supervision and instruction and frequent visits for personal teaching. *D* includes those who, from the standpoint of constructive supervision, seem hopeless. This is at best a shifting classification. *A* might easily become *D* and *D* has been known already to progress to *B*.

Midwives are, with increasing frequency, calling their district supervisors by telephone for advice and counsel. Child hygiene nurses in some districts report one hundred per cent. of the midwives in their districts as giving mothers proper instruction in child care. All report a marked improvement in this matter.

Physicians report a larger number of calls from midwives.

Mothers who have learned to tell a good midwife are teaching their neighbors.

Many unlicensed midwives have

stopped practising. Four have been prosecuted.

Nurses report midwives giving better care to patients.

Child hygiene nurses report that formerly the midwife hindered, and that now she helps by telling the mother to expect the nurse and to do as the nurse says and by teaching the mother exactly as the nurse will teach. The nurses find a welcome, and do not have to explain the purpose of their visits.

The work began with one supervisor January 1st, 1919. Since June six district supervisors, one each month, have been added to the staff. Three more at least will be needed for several years in order to extend the work to Hudson and Bergen Counties.

To those doing the work it is full of human interest. While there are many discouraging features, they are forgotten when an inventory of results is made.

Rank for Nurses

Military rank for army nurses is part of the Senate's army reorganization bill! The Jones-Raker bill's provisions have been incorporated bodily into the draft, which the seven Senators finished last week. It was introduced in the Senate by Senator Wadsworth (N. Y.) on Friday, January 9, and immediately referred to the full Senate Military Affairs Committee as Senate 3688.

Getting Acquainted

BY C. B. TURNER

Visiting Nurse, Harrison, N. Y.

HARRISON TOWN in Westchester County has three groups of Little Mothers' Leagues. The Silver Lake Branch entertained the grown-ups of the village on Saturday evening, December 13th, and the occasion was made quite an eventful affair by the Leaguers. The Community Rooms were tastefully decorated and brilliantly lighted and over one hundred of the residents turned out to see the evening's performance. Had anyone feared that the evening would be dull, they should have visited the Community Rooms at 10 p. m., and their fears would have been dispelled, for they would have seen fathers and mothers, boys and girls gathered in groups about the rooms enjoying refreshments, chatting merrily to one another or quietly keeping time with the victrola music. The whole scene was one of good nature and neighborly friendliness.

The people of the community were really getting acquainted with one another. The truly American mother and the Italian mother were meeting on common grounds, talking over the performance which was given by their girls. They had something in common to talk about and one

could see the real spirit of pride and admiration in their eyes as they followed the young performers of the evening who, at this time, were dressed in Red Cross caps and white aprons and were busily engaged in serving refreshments to all present. If one asked who were these girls, the reply would be that they were the Little Mothers Leaguers, twenty-one of them in all and fourteen of them had passed the written examination for Little Mothers League certificates which had been held a few days previously at the public school. How long had they been studying? Just six months and this was their graduating night. The Leaguers had prepared a surprise for the people of the neighborhood, for they gave the nicest little play with just enough health education mixed with enough humor to be amusing as well as educational. They were assisted in the preparation of the play by their instructors. Following the play, the real demonstrations in Little Mothers League work was given under the supervision of the Visiting Nurse of the community. One child demonstrated the making of a bed; another prepared the baby's bath, and a third gave a

demonstration in bathing the baby, using a celluloid doll as a model; and another member of the League dressed the doll, explaining the merits of each article of clothing and just how to put it on the child in the right manner. A very pretty little Leaguer, in a sweet accent, told everybody present how to get ready for school in the morning. This made a great hit with the boys in the audience. One of them afterwards said, "Gee, Nettie, you sure gave us something to live up to in that talk." Other demonstrations were also given.

The last hour of the evening was given over to dancing and all the young people enjoyed the old fashioned dances, while the older people conversed sociably, thereby getting better acquainted with one another. At the close of the evening's entertainment all present expressed their wishes that an affair like this or some get-together evening could be held at the Community House every week or two.

This kind of an evening's entertainment, is one of the greatest Americanization factors in the life of a small community, for here all meet on a common ground, and

through their children become interested in the general welfare of their village. The foreign parents learn something of the true meaning of the American spirit and, on the other hand, the American parents learn much from the parents who have within the last few years come to America. It is really the breakdown of the barriers that exist in the life of any community where there are numbers of foreign speaking people.

The fourteen Little Mothers Leaguers who passed the examination and graduated on December 13, will continue their work during the winter as members of the First Aid Class under the teaching and supervision of the Visiting Nurse of the community. The girls who did not pass the examination will again take up the work with a new class of Little Mothers Leaguers that is to be formed at the beginning of the New Year.

The next social event to take place at Silver Lake will probably be a minstrel show to be given by the boys and girls of the township under the leadership of the county dramatic leader.

Preventive Medicine

EDITOR'S NOTE: In our December issue reference was made to a memorandum recently issued by the English Ministry of Health, under the title "An Outline of the Practice of Preventive Medicine." In this memorandum, Sir George Newman, Chief Medical Officer of the Ministry of Health, takes a comprehensive view of the purpose, history and problems of Preventive Medicine, and gives a clear outline of the chief principles and elements of a broad national health policy. The original pamphlet will well repay careful study, but knowing that it is unlikely to come into the hands of many of our readers, we have decided to publish the statement in condensed form in this and the succeeding issue of *THE PUBLIC HEALTH NURSE*.

The original memorandum consists of 124 pages and is divided into eight sections, as follows: I. The Purpose of Preventive Medicine; II. The Rise of Preventive Medicine; III. The Nature of Disease; IV. The Present Problem; V. The Broad Lines of Reform; VI. Some of the Elements of a National Policy; VII. An Adequate Medical Service; VIII. Some Principles of Medical Administrative Machinery.

In condensing Sir George Newman's statement, we have retained the original wording throughout, but have omitted a large part of the detail, giving only such paragraphs, or parts of paragraphs—sometimes only sentences—as are necessary to convey a consecutive picture of the whole. This necessarily means that in many places we have included simply the statement of a conclusion, omitting the carefully detailed steps by which such a conclusion has been reached. In other words, it should be clearly understood that the following pages contain an outline only—though, it is hoped, a fair and comprehensive one—and not the statement in its complete form.

SECTION I.

The Purpose of Preventive Medicine

THE first duty of medicine is not to cure disease, but to prevent it. In its simplest terms, therefore, the purpose of the science and art of Preventive Medicine is to apply human knowledge to the prevention of disease. It is the common and universal experience that life is crippled or curtailed by the occurrence of disease, which leads to a greater or less degree of disablement, incapacity and premature death. To prevent or avoid such disease is to lengthen the period of life and make it hap-

pier and more effective. Hence we may express the objects of Preventive Medicine as follows:

1. To develop and fortify the physique of the individual and thus to increase the capacity and powers of resistance of the individual and the community.
2. To prevent or remove the causes and conditions of disease or of its propagation.
3. To postpone the event of death and thus prolong the span of man's life.

Much has already been achieved in these three directions. No one can read the records of social and physical life in Britain in the days of Alfred, in the Middle Ages or in the last four centuries without

recognizing that a vast improvement has taken place, and that to-day human life is potentially a better thing than in the past. Leprosy, sweating sickness and the plague have disappeared in England; cholera has not been epidemic since 1866; the smallpox, though liable to outbreak, appears to be vanishing under our eyes, and compared with only a century ago is relatively a rare and mild disease; typhus, or gaol fever, is rarer still; typhoid and diphtheria are yielding to improved sanitation, isolation and the use of antitoxin; hospital gangrene and sepsis in their gross forms have largely disappeared in response to the application of antiseptic treatment; and some of the great scourges of the world, such as malaria and yellow fever, are coming steadily under control.

Great and far-reaching problems, as we shall see, lie before us, but the advance in the public health has been remarkable in degree, wide in scope and steady in occurrence. We have, therefore, substantial grounds of hope for the future. Yet this must not blind our eyes to the issues remaining. Though the death rate of England and Wales has fallen from 20.6 per 1,000 living in 1868 to 13.5 in 1917, and the infant mortality rates from 155 to 96 per 1,000 births, we still lose in England every year upwards of 235,000 lives by the death of persons under the age of 50, we still lose upwards of 64,000 infants and many still births; and though

the public health is steadily improving, there is still a vast burden of sickness and disease involving much suffering and the loss of millions of pounds of wages and production every year, and of millions more on expenditure for treatment and insurance.

The science and art of Medicine is not restricted to the diagnosis and cure of disease in its gross forms; it includes also a knowledge of how disease comes to be, of its earliest beginnings, and of its prevention. It is, in fact, the science and art of Health, of how man may learn to live a healthy life at the top of his capacity of body and mind, avoiding or removing external or internal conditions unfavorable to such a standard, able to work to the highest power, able to resist to the fullest, growing in strength and efficiency. The first line of defense, *is a healthy, well-nourished, and resistant human body.* And to this end the whole man must be dealt with, for he is something more than animal. His body is, in greater or less degree, the instrument and expression of emotion, intellect and will. There is thus a psychological aspect of clinical and preventive medicine hitherto greatly neglected. Nor is the individual, taken at any one moment, the whole of the issue. His life history, his heredity, his family, his domestic life, his personal habits, and customs, his rest and his occupation, his home as well as his workshop have also to be con-

sidered. In short, Preventive Medicine to be effective must deal with the man, the whole man, as an individual as well as a member of the community. It must deal with the *causes* of his health, for then it may discover the causes of his disease. Its ideal is to restrict, subdue and, in the far distant future it may be, annihilate the tendencies to marked variation in the healthy body of man. Its object is not only to prevent the spread of disease but its *occurrence*, to remove its occasion. Its spirit must not be confined to sanitation or the "public health" alone, but must pervade and inspire all branches of Medicine. For it is concerned with the causes and conditions of disease, which must be sought and known, then brought under control; in achieving this, or attempting to achieve it, Preventive Medicine must define and secure the maximum of those conditions of life for the individual and the community which are the frontier defense against disease, and establish the foundations of sound living. For the health and physique of the people is the principal asset of a nation.

SECTION II.

The Rise of Preventive Medicine.

1—The Growth of Medicine as Knowledge.

The practice of Preventive Medicine had its origin in the ancient world. Long before the days of Hippocrates (460-377 B.C.) men had sought to stem the tides of

disease which threatened to overwhelm them. Even in Britain it was the ravages of pestilence in the Middle Ages—of leprosy from the twelfth century, of the "black death" from the fourteenth, of sweating sickness in the sixteenth, of cholera and of the smallpox—which compelled attention to the conditions which seemed responsible for such epidemics. But over all the centuries which record these pestilences in this and other countries there broods the darkness of ignorance, veiling the truth and seeming to mock at man's helplessness. It has slowly dawned on his mind that without knowledge of the nature of disease and of infection he is without hope of discovering the rational means of prevention. The history of Preventive Medicine is the history of the seeking and finding of these essential things.

At the end of the golden age of Greece Hippocrates was at his zenith. He first systematized the existing knowledge of medicine and classified the causes of disease into those concerned with seasons and climates and external conditions, and those more personal causes such as the food, exercise and habits of the individual. Hippocrates taught the sufficiency and healing power of Nature, and that the true physician observed her method and copied rather than modified it. Five and a half centuries after him came Galen, the famous Greek physician who lived in Rome in the days of Marcus

Aurelius, Commodus and Severus. He gathered up all the medical knowledge of his time and his books fixed it so firmly that the Galenic tradition lasted through East and West for fourteen hundred years. Through the Middle Ages medicine slept, and the scourges of leprosy and plague taught it little. Then with the Renaissance came the new learning which threw a flood of light on the nature both of health and disease. It revolutionized the whole content of Medicine, and gave it a fresh centre of gravity and a revised orientation. The fifteenth century gave us Leonardo da Vinci—whose genius foreshadowed some of the greatest advances in science which we owe to the Renaissance—the sixteenth, Vesalius himself; the seventeenth, Galileo and Descartes, the philosophers; Harvey, Willis, Malpighi and Helmont, the experimentalists; Mayerne and Sydenham, the practitioners, and these men revolutionized the philosophy of science, anatomy, physiology, and the clinical study of disease. It is not too much to say that they relaid the foundations of Medicine. The eighteenth century gave us Morgagni, Bichat, John Hunter and Edward Jenner, who opened the book of pathology. Thus was provided not only a more accurate and living knowledge of the structure and functions of the human body but the fundamental facts of morbid anatomy, abnormal structure, perverted function, and the result-

ant signs and symptoms, in short the nature of disease. More than that was provided, for these epoch makers subdued to practice the scientific method as basis both of knowledge and its application. They handed down to us a body of information and also a way of working. Their method was to drink at the source. "I profess both to learn and to teach anatomy," wrote Harvey, "not from books but from dissections; not from the positions of philosophers but from the fabric of nature." This was the beginning of the modern science of Preventive Medicine.

Perhaps the way of learning had in the long run a greater effect than the learning itself. For close upon the heels of the cellular pathology of Morgagni and Virchow came the new knowledge of Infection, the acquisition of which forms one of the most fascinating chapters in the whole range of Medicine, a chapter which has made bright our own times. For long centuries men had believed that certain diseases were caused by external living agents and conveyed by contagion. At the end of the first half of the nineteenth century a beginning had been made in the discovery of specific organisms in diseased tissues. Then came the immortal work of Louis Pasteur. His vision and technique and that of Robert Koch opened the gates of a new kingdom. They had great reward, for in trooped the long line of their successors. From

1870 to 1905 there followed that wonderful succession of discoveries which have distinguished for all time the age in which we live.

But the discovery of the disease-producing bacillus was only the first step in establishing a trinity of knowledge. What did the bacillus do? and what could restrain, prevent, or control its activity? In 1888 came the brilliant work of Roux and Yersin, in which they demonstrated by filtration the existence of the toxins of the bacillus of diphtheria and thus opened a new chapter in pathology. Only the year before Metchnikoff had shown the bactericidal powers of the leucocytic cells of the healthy body and had introduced his famous theory of phagocytosis, and two years later (1890) Behring and Kitasate completed the case by producing the antitoxin of diphtheria—the final step in the far-reaching conception that though the healthy body of man may be subject to the bacillus and suffer its toxic effect, it is able of its own cells and fluids to provide defense, in the form of the destruction and assimilation of the invading bacillus. Thus was built our modern conception of the *Bacillus* as agent, of the *Toxin* as product of the bacillus, of the *Antitoxin* as the body's defense against the effects of the Toxin. Further research by many living workers has added knowledge in regard to the antitoxins of tetanus, of cholera, of typhoid. Lastly, in 1910, Paul Ehrlich announced his discovery

of 606, the arsenical compound salvarsan, which is able to destroy in the living body the parasite of syphilis. Thus was the illuminating chapter in the new learning respecting the agents of infection and the body's natural defenses begun in 1857 by one chemist and so far completed in 1910 by another—a significant illustration of the interdependence of the Sciences in the pursuit of truth. "All sciences gain," said Pasteur in 1878, "by mutual support."

The discovery of particular micro-organisms in association with particular diseases, and possibly even casually associated, is not, however, the whole story. Men soon learned that bacteria are unstable and variable, and that their functioning, action and reaction, is dependent upon many circumstances, both within and outside the living body of their host.

2—The Growth of Application of Medicine.

Alongside the growth of medical knowledge there slowly came into being an extension of its application. Like the rise of medical learning this also sprang, in its origin, from the prevalence of disease. In 1388 was passed the first Sanitary Act in England directed to the removal of nuisances. Following this famous precedent, the application of Preventive Medicine came shortly into being, nearly always in the track of the plague. In 1518 was made the first rough attempt at notification and isolation

of the patient; before the end of the century "searchers" and death registration were in vogue; and by the time of the Great Plague quarantine was a well-recognized institution. Two factors were involved in the progress of the application of Preventive Medicine in England in the seventeenth and eighteenth centuries. First, there was the new medicine itself, and secondly there was the new humanity. There was new light in science as there was a dawning altruism in politics. It was 1720 that Dr. Richard Mead published his famous *Short Discourse* concerning the necessity of quarantine against foreign countries and the proper management of infected places in England. "There is no evil," he wrote, "in which the great rule of resisting the beginning more properly takes place than in the present case." Hence, instead of penalizing infected families and houses or marking them with a cross, he advocated (a) notification to the magistrates, (b) early visitation by official medical advisors, (c) isolation of the infected families, "the sick to different places from the sound, the sound to be stripped of all their clothes and washed and shaved before they go into their new lodgings," and (d) cleansing of the house. Mead also recommended that "all expenses should be paid by the public, and no charges ought to be thought great, which are counterbalanced by the saving of a nation from the greatest of calamities."

Indeed he suggested that a reward should be paid to the person who makes the first discovery of infection. In all this we see the foundations of the administrative practice of modern Preventive Medicine, of which Mead was one of the great inventors.

The applications of State medicine in the nineteenth century found their inspiration in England in two sources, and their expression in legislation. The two-fold inspiration came from the recurrent outbreaks of cholera and consequential commissions of inquiry, and from popular demand for reform. The legislature placed on the Statute Book a wonderful series of enactments. In 1838-9 the Poor Law Commissioners drew attention to the prevalence of epidemic diseases and its relation to poverty; in 1843 Sir Robert Peel, at the instigation of Edwin Chadwick, advised the issue of a Royal Commission to inquire into the outbreaks of disease in large towns, and the best means of improving the public health, the Report of which led to the passing of the comprehensive sanitary measure of 1848, the establishment of the General Board of Health and the appointment of Medical Officers of Health. In 1869 was appointed the Royal Sanitary Commission. Speaking broadly, the 1843 Commission found the existence of a serious national evil of sanitation and ill-health, and recommended a legislative remedy, whereas the 1869 Commission

found that the remedy had proved ineffective and recommended that "the present fragmentary and confused sanitary legislation should be consolidated." They proposed, in fact, for the first time, a Ministry of Health; but the case miscarried and the Local Government Board was created in 1871. The Commission's summary of the national sanitary minimum of "what is necessary for civilized social life" is the grand inventory of that period. Here it is:

1. The supply of wholesome and sufficient water for drinking and washing.
2. The prevention of the pollution of water.
3. The provision of sewerage and utilization of sewage.
4. The regulation of streets, highways and new buildings.
5. The healthiness of dwellings.
6. The removal of nuisances and refuse, and consumption of smoke.
7. The inspection of food.
8. The suppression of causes of diseases and regulations in case of epidemics.
9. The provision for the burial of the dead without injury to the living.
10. The regulation of markets, etc., public lighting of towns.
11. The registration of death and sickness.

Half a century ago that program represented the most enlightened thought of the time regarding the sphere and scope of Preventive Medicine. Even now it is almost a complete summary of the elements of a sanitary environment. But this prescription was not all the advice the Commissioners felt called upon to furnish. First, they showed how it could be worked out in practice, by laying down

the general principles to be followed and by drafting a new Statute. Secondly, they diagnosed with unfailing accuracy the causes of imperfect sanitary administration: (a) the variety and confusion of authorities concerned in the public health, (b) the want of sufficient motive power in the Central Authority, (c) the non-coincidence of areas of various kinds of local sanitary government, (d) the number and complications of enactments, (e) the needless separation of subjects, (f) the leaving some general Acts to voluntary adoption and the permissive character of other Acts, and (g) the incompleteness of the law. This, which might have been written yesterday, was 48 years ago. Finally, the Commissioners lent all the power and prestige of their position and experience in unreserved support of the great principle of local self-government.

The Public Health Act of 1875, which emerged from the labors of the Royal Sanitary Commission, may be regarded as marking a great advance in the development of sanitary administration. Before that time sanitation was interpreted in large measure as a negative policy, in a word the removal of nuisances; after that time sanitation received a new connotation, positive, constructive, remedial.

While sanitation was thus developing other influences had been at work. The labors of the great philanthropists of the nineteenth century, and especially of Lord

Shaftesbury, had roused the public conscience to a sense of responsibility for the evil conditions under which masses of people lived and worked and of the need of protecting those who were least able to protect themselves. The growth of the towns and the over-employment of women and children were predominant factors in demonstrating the need for a reform guided by medical science. Thus it was that Preventive Medicine became more personal, social and apposite than formerly, more nearly related both to the new knowledge of medicine and to the problems to be solved, based more upon the child, concerned more with the individual than the environment, dealing more with the true causes of diseases, and finding its scope in the ever-increasing affinity between Preventive and Curative Medicine. In the last decade of the nineteenth century came the London Public Health Act, legislation on housing and on industrial betterment, on the cleansing of persons as distinct from properties, and on the education of blind, deaf and defective children. Then with the new century came a significant series of Acts dealing with midwives, the employment of children, the provision of school meals, the protection of food, the notification of births, the medical inspection and treatment of children, the Children Act itself, old age pensions, the health insurance of the adolescent and adult, and a group of Acts

concerned directly with some of the prevalent diseases, tuberculosis, mental deficiency, ophthalmia neonatorum, and the venereal diseases. No individual planned this significant sequence, no single factor explains its emergence. It represents a new social spirit, a new application of science to the life and labor of man.

SECTION III.

The Nature of Disease.

A consideration of these steps makes it clear that the foundations of Preventive Medicine are built upon a body of knowledge concerning the *nature of disease*. Before the germ theory emphasis was laid upon the individual who was the subject of disease, his bodily form and habit, his heredity, customs and environment; in the heyday of the germ theory the tendency was to attribute the origin of disease to the germ, its prevalence, invasion and virulence. Subsequently it has become clear that disease is a complex expression of the sum total of the interaction of parasite and host, a matter of relationship and relativity of many factors. The essentials of disease are thus the soil, habit and powers of resistance of man's body; the seeds or germs or cause of abnormal action, their point of entrance, means of access or site of operation; lastly, the whole process is profoundly modified by a vast concatenation of variable social, personal, external and even economic factors.

First of all then the body is the dominant factor; its heredity, its nurture, its degree of nutrition, its habit. For on these conditions depend its form of resistance to poisoning, accident or infection. A person of sound heredity may become susceptible to disease by poor social circumstances, lack of food or unsuitable food, unwholesome surroundings, excess of alcohol, fatigue, cold, diminished vitality, previous disease or condition of body tissues; conversely, the effects of an unfavorable ancestry may be modified by favorable surroundings or by improved nutrition in its broadest sense.

Secondly, there is the infecting germ or agent, the operating habit or trauma, which distributes the structure or function of the body. In regard to the bacterial or parasitical agents of infection, it must be borne in mind that they also are governed by laws of evolution and degeneration, of development and decay. It is not enough merely, to know that disease is present in the human body and is due to invasion by a bacillus. We must know also what is the character of the invading bacillus, whether it is human or animal in origin, whether its virulence be high or low, and in what way or degree variable, whether it is present in great numbers or few, where it entered the body, where it operates in the body, and what is its plan of campaign. Again, there is the question of point of entry and site of action. The tubercle bacillus,

for example, may enter through the respiratory tract, the alimentary canal, a decayed tooth, an open wound or an abrasion of the skin. It may remain local or become general. The body is the soil, the bacillus is the seed; they interact upon each other.

If then our object be (a) to determine the causes and conditions of disease, (b) to define and explain the morbid state, above all (c) to interpret its meaning to the living patient, and (d) to control it, then we must learn that Preventive Medicine concerns not only the external environment of man, not only the clinical and morbid phenomena of disease, but implies an understanding of those unseen processes of attack and defense which find their sphere in the cells and fluids of the body, and their influence upon the infecting or disturbing agent.

In the third place there is a group of conditions outside both the subject and the infecting or disturbing agent, namely the general environment and the effect of treatment. The incidence of disease is affected by climate and by a series of factors of a communal nature. The physical world and its atmosphere, the climatic conditions in which people live, play their part in the creation of disease. Then there are communal conditions contributory to environment, the density and movements of population, its age and sex distribution, its character and occupation, the marriage rate, the

birth rate, peace or war, food supply or famine, the price of wheat, urban life or rural, and the means of intercommunication. Then once more there are the near environmental conditions, the housing and still more the home life of the people, the family, the school, domesticity, the workshop—all these outward circumstances govern the issue of the incidence, manifestation and prevalence of disease.

Lastly, the treatment of disease and the relation of a people's attitude to it modifies its nature and affects its prevalence. The introduction of disease into a virgin soil seems to result in acute virulence, even as that virulence is reduced in a population subject to, or immune from, the disease; the use of quinine modifies malaria, inoculation against typhoid modifies enteric, isolation modifies measles and influenza, and anti-toxin modifies diphtheria. In this way, as in others, every healed person in every town and village of the land is a recruit secured for the great army of Preventive Medicine. He not only proclaims its principles, *he embodies them.*

SECTION IV.

The Present Problem.

The present position may be stated in few words. We have an immense body of knowledge and experience, new and old, on the one hand, and vast effort and desire to apply it on the other, but there is lack of correlation of the

knowledge and there is lack of understanding of the precise problems to be solved, and of the ways and means by which they may be faced. The result is a certain degree of wastefulness and confusion, individual and public effort tending to become arbitrary, sporadic, and perhaps a little capricious. This is entirely natural, and possibly inherent in the situation, which is itself transitional and progressive.

In the first place, in medicine itself the new knowledge and methods are insufficiently shared by the whole profession, they are separated from each other in water-tight compartments, and are not brought into practice. Its energy is potential and not yet kinetic.

Secondly, the administration of the public health service, both central and local, is insufficiently co-ordinated and unified. Thus it is less effective than it might be. Complete unification is impracticable, and indeed, with so great a variety of duties, undesirable, but there is urgent need for simplification, economy of administration and effective coördination.

Lastly, there is all over the country inadequate treatment of the sick and incapacitated, in quantity and quality. The beginnings of disease are still almost entirely ignored. The treatment provided for the majority of the sick is insufficient and inadequate; it does not represent the best of present medical knowledge. Whole

groups of disease are neglected as far as prevention is concerned, for prevention has been too exclusively concerned with certain infectious diseases, and much disease is allowed to "go by default," unintended and untreated.

Thus, the outstanding defects in our practice of Medicine in England today are, first, the absence of correlation of medical knowledge and its application to the real focal point of the problem; secondly, the anomalous and overlapping administration, which is too spasmodic, uncertain, unequal and discontinuous to yield its proper national effect; and thirdly, the inadequacy of the treatment of disease.

Results of Present Conditions.

The steady advance of Medicine in conjunction with social betterment, particularly in the eighteenth and nineteenth centuries, has won astonishing victories. Vast sections of the population live healthy and fully occupied lives. The expectation of life has extended and many gross forms of disease have almost disappeared. Yet we are often defeated and unready, and Influenza sweeps through the world finding us almost helpless. The imperfections in the national health have lately been unveiled or confirmed in a variety of ways and spheres in the domestic and industrial life of the people, the facts of which furnish a body of accumulated evidence which cannot be doubted or gain-

said and which has not been available before. This evidence comes at a time when our potential capacity to prevent and treat disease has been overwhelmingly demonstrated in the war zone. Let us consider briefly to what this evidence amounts.

I. The Public Health Service.

The external sanitary circumstances of the country have shown in recent years enormous improvement. Water supplies and sewerage have been brought, on the whole, to a high standard of efficiency; food, meat and milk are steadily coming under supervision; factories are controlled; nuisances are abated; provision is made for the removal of refuse and street cleaning; widespread action is taken against the ordinary infectious diseases. The housing problem, however, remains and is more acute and difficult than ever before. Gross over-crowding and domestic insanitation spell, inevitably, disease and degeneration of race, as no one who appreciates the effects of slum life, as seen in all our great cities and in many country villages, can doubt. As regards the prevalence of infectious disease, we find figures* which would have greatly astonished our forefathers, who in such

*Figures follow in regard to the prevalence of infectious disease, showing the number of cases of tuberculosis, diphtheria, etc., notified, and that the country was almost immune during 1918 from smallpox, typhus and plague.

a return would have seen at last the defeat of the Captains of the men of Death.

Most encouraging is the maternity and infant welfare work now undertaken by local authorities and voluntary societies in association with them. The infant mortality has shown a steady decline, and tens of thousands of mothers are attending the 1,600 maternity and infant welfare centres. Increased attention is also being given to particular diseases, including tuberculosis, venereal disease, dysentery, malaria, and cerebro-spinal fever.

2. The School Medical Service.

The national system of supervision of the health of the child of school age began in 1908 under the Education Act. Speaking generally, there is here also much to encourage us. The majority of children at school are, in most respects, healthy. That is the fundamental fact. Nevertheless, the actual findings and experience of a decennium and the medical examination of fifteen million children show that physical impairment of these children is somewhat wide in distribution and serious in effect upon adolescence and adult life. Malnutrition, anaemia, defective vision or hearing, dental caries, and disease of special organs are either too prevalent or insufficiently remedied, with the result that a foundation is being laid for enfeeblement or subsequent

disease. Many of these children suffer from more than one disability, but a moderate computation yields not less than a million children of school age (not, be it observed, children in school attendance) as being so physically or mentally defective as to be unable to derive reasonable benefit from the ordinary form of education which the State provides.

3. The National Health Insurance System.

The National Insurance Act, which was passed in 1911, provides a system of insurance against ill-health for all employed persons between certain ages and within certain financial limitations.

The estimated number of insured persons in England entitled to medical benefit for 1914, was approximately 10,300,000. Of this number it appears that approximately 5,800,000 applied for and received medical attention under the Act in that period, being 56 per cent of the whole number entitled to treatment.

For the year 1916 the amount paid in sickness benefit in England only for men was £3,409,914, and for disablement benefit £587,671. Taking the maximum rate of sickness benefit and of disablement benefit these figures represent 6,819,828 weeks' sickness, and under disablement benefit 2,350,684, a total of 9,170,512 weeks. For women the corresponding figures for England only for the same year

were 2,295,304 weeks' sickness benefit, and 1,178,120 weeks' disablement benefit, making a total of 3,473,424 weeks. Thus at least 12,643,936 weeks' work were lost through sickness during the year 1916, or a period equal to 243,000 years.

[There follow diagrams, tables and data in regard to the conditions which take patients (a) to the insurance physicians; (b) to the hospital. These are founded upon five representative insurance practices in five of the largest towns in England in 1916.]

Speaking generally, if these insurance practice and hospital returns are taken with the defects found in school children and recruits, and are compared with the death returns it will be found (1) that the conditions which impair the health, and even lead to the disablement of men, women and children, are not chiefly the conditions which kill them, though they may, in many cases, predispose to mortal disease, (2) that relatively little of the sickness is attributable directly to infectious disease, and (3) that a substantial proportion of this sickness is preventable.

4. National Service Department.

The exigencies of the European war brought, voluntarily or compulsorily, the majority of the young men of the country to the recruiting station. The number of recruits placed in the lowest categories of ill-health or unfitness amounted approximately to not

less than a million men; the causes of this physical disability were chiefly some form of organic or structural disease.

5. *The Returns of the Registrar-General.*

The annual report of the Registrar-General is the final inventory of the physical condition of the English people. In this place it is only possible to refer briefly to the two fundamental events, birth and death. The birth rate in 1917, the latest year under report, was 17.8 per 1,000, being the lowest on record. Speaking generally, the birth rate in the country has now declined to the extent of one-half within the last forty years.

The death rate in England and Wales in 1917 was 13.5 per 1,000; 64,483 deaths of infants under one year of age, yielded an infant mortality rate of 96 per 1,000 births, or 11.9 per cent below the average of the preceding ten years.

The data from these five sources, taken as a whole, provide something in the nature of a physical survey of the English people, fuller in compass and more comprehensive than any former investigations have yielded. Whilst it is true that the death rate is declining and decimating scourges and famines are a thing of the past, at least as regards the British Islands, we cannot escape from the conclusion that there remains a serious amount of preventable sickness and avoidable disablement, the tendency of which must inevit-

ably be to undermine the physical stamina of the people and reduce their capacity. Moreover, the nation is slow to realize the vast mass of disability and incompetency which results from widespread maladies, usually regarded as trivial and negligible, which may not reach the doctor and of which there is no record, such as anaemia, dyspepsia, constipation, septic wounds, accidents, colds, chilblains, eye-strain and dental inefficiency—and which do not appear in such returns as those quoted above.

The most impressive facts in this survey are the falling birth rate and death-rate, the improving environment, the high proportion of deaths taking place under fifty years of age, and the vast burden, at all ages, of preventable invalidity. Thus, the problem lying immediately before Preventive Medicine is, first, to rear and maintain a healthy race of people, and, secondly, to continue its attack upon infection and to initiate an attack upon all forms of preventable sickness and invalidity.

SECTION V.

The Broad Lines of Reform.

The doctor who sees human medicine as the embodiment of comparative anatomy, physiology and pathology sees the great vision. To him the principles of selection and evolution become daily working axioms.

There is need for a closer integ-

ration between preventive and curative medicine. They are essentially parts of one process. In all cases, the **cause** of disease, not in the abstract alone but in the particular patient under consideration, must be sought. Tuberculosis, a common example, has behind it an ancestry of conditions, or previous disease or of predisposition, which must be faced in any sound remedial action. Thus if medicine is to be made a controlling factor not only must the various branches of medicine be integrated but it should be recognized that the chief manifestations of disease bear intimate relation to each other; and the treatment of one is the prevention of others, in a score of different fields curative medicine should be the basis of prevention and treatment the genesis of immunity.

The nation is not receiving the full benefit and advantage of modern Medicine. Many persons who need medical treatment or advice are not getting it, many who are being treated are not receiving adequate treatment. Human knowledge is as yet, alas, extremely partial, fragmentary and limited; but where it exists and where it is applicable to the remedy of disease or removal of disablement, it is the only sound business and the only true science to apply it, promptly, continuously and adequately. Yet, it is to be feared, that is what we are not doing, with the result that vast numbers

of persons of all ages are physically impaired or incapacitated, or suffering from disease which is preventable, or dying prematurely—a condition of things which is costly to the State, which undermines its stability and permanency, and which involves inexcusable waste of treasure and life.

The time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease—particularly that mass of crippling morbidity and invalidism which is undermining the capacity and efficiency of

the people—an attack which will depend for its achievement upon a close partnership and co-operation between all branches of medicine, between the medical profession and the public, and between the governing authorities and those who are governed. We cannot continue wisely to rely upon piecemeal effort, divided counsels, and conflicting authorities. If the nation desires ever to rid itself of the common enemy there must be unity both of purpose and action—and even so the task will be a long one.

(To be continued next month.)

Scuola Infermiere Visitatrice

(*School for Visiting Nurses*)

In our issue of July 1919 an account was given of the Schools for Public Health Nurses which had been started in Italy, one in Rome and one in Genoa. An additional course has also been given in Florence. Seventeen students enrolled for the course in Rome, and fourteen completed the training and passed their examinations.

On November 12th a second course was opened in Rome, and we are privileged to publish below the address of the Vice-President, Signora Emma Malate de Petris, on the occasion of the opening of this second course, and also that of Miss Foley.

ADDRESS OF VICE PRESIDENT,

EMMA MALATE DE PETRIS.

I AM happy to see you all here for the inauguration of the second course for the *Visiting Nurses*. The fact that we can commence a second course means that this work in which we had such a great faith, has now begun to answer the need.

In the first place, I must thank the doctors who will give us also

this year their valuable help, and who gave us, and not without sacrifice, their word of encouragement and instruction.

I must say the same for our American sisters, who will share with us the direction of the school to the last minute of their stay in Italy. We have reason to be

grateful to them for this, as we must not forget that without them our work would not exist; and as they gave us their experience, we shall now put in our work all our faith and our strong will to succeed.

We are sorry that our president, the Marchesa Denti di Piraino, is not among us today. She had to leave us temporarily, for her health; we send her our greetings, and we hope that in a short time she will be back, to continue the work that she began with love. Let us now hear her words. I will read to you some of the report about the first course, that she sent us:

"The work of the Visiting Nurses was started in Rome as an emanation of the *National Committee of Italian Women* --and had, as a valuable guide, the experience of the American nurses.

We found the greatest help to our work in the deep and enthusiastic interest that the doctors of the course put in their mission. Their enthusiasm for the present, their faith in the future of this institution, made their lessons extremely interesting and successful, and they had their reward in the excellent result of the examinations of the pupils. Above all, the high patronage that H. M. the Queen has given to the work of the visiting nurses is the greatest reward to us all and will brighten our way.

The nurses enrolled for the first course were seventeen. Two of them were obliged to leave for their health; the third was requested not to come any more, because of her many absences. The remaining fourteen followed regularly the three months of the theoretical and practical course, and passed brilliant examinations. (Those nurses are nearly all at work in Rome and outside, as visiting nurses).

It is of great importance for the expression of the real spirit of our work, that not only the anti-tuberculosis league, but all the districts, and all the organizations in Italy and elsewhere ought to demand the work of the visiting nurses. Wherever tuberculosis has already penetrated, the work of the visiting nurses can be of value, but her work has no limit where tuberculosis has not entered.

Let us hope the day is not far off in which in all the *ambulatorios*, in the schools, in the factories, in the country and in town, the visiting nurse will be always present and active, helping in her modest way the doctors, and making their work by her vigilance, more complete and efficacious.

(Signed). The President,
Marianna Denti di Piraino.

Our visiting nurses and our pupils have a beautiful but a very serious task. The profession that they have undertaken is a real mission. Their work is a pioneer work and has an eminently social aim. They must remember that each of their smallest acts has its own value; every material help must be accompanied by the spiritual help, because every improvement of physical welfare is not a real progress if there is no spiritual improvement with it.

The ideal that leads us is a very high one, but we know that to try to reach it, we must first of all educate ourselves to this conception of social conscience; and for this we must be guided by discipline, faith and love.

Discipline for us; faith in our work, and love for those who suffer. We owe this to ourselves, to our native country, to the universal country, *Humanity*.



VILLA ALFIERI—2 VIA DELLA DOGANA, FLORENCE—THE SCUOLA
INFIRMIERE VISITATRICE HAS CLASS-ROOMS ON THE TOP FLOOR



PUPILS WITH MISS GARDNER AND MISS THOMSEN IN CLASS ROOM OF
THE SCUOLA ASSISTENTI SANITARIE, GENOA.



FIRST GROUP OF STUDENTS WITH THEIR DIRECTOR, MISS RUTH
HOUTON—VILLA ALFIERI—FLORENCE

ADDRESS AT OPENING OF SECOND COURSE IN ROME.

EDNA L. FOLEY.

(Read vicariously, in Tuscan Versini, Roman tongue, before the students professors and guests of the Scuola Infermiere Visitatrici, Rome.)

THE watchword of the twentieth century woman is *service*. The great war has taught us that the world has more need of her work than ever before. In the home, the hospital, the factory and on the farm, she has given double service. As mother, nurse, munition-maker and farmer, she has helped to make success possible. Now that the men are returning to their former tasks and the need outside the home is apparently less urgent, a large number of women are being released from both volunteer and paid work. To many of them, old duties have lost their attraction. To the working mother, household work seems dull and monotonous. Many of the volunteers are seeking permanent work in which both their unique war experience and this desire to be of further service to their neighbors may be utilized.

Nursing is such satisfactory work that the woman who enters it seriously finds personal happiness in it every day of her life. The years of training required by the best schools of Britain and America, are years so well spent that I am sorry that you all may not have their joys as well as their advantages. To me, they are one of the most essential steps in the preparation of a good nurse. The

life is full of hard work, naturally, but time spent in human service is never drudgery. Consequently, a good nurse finds daily satisfaction in the work of her hands, head and heart which is naturally gratifying to any worker.

A new field calls for the work of women. There is plenty of room in this field for both the paid and the volunteer worker, the mother and the maiden aunt. The field of public health needs the Public Health Nurse, the health visitor, the hospital social service worker and more intelligent mothers. Public health means less illness. It means longer, stronger lives for babies. Two hundred and forty thousand babies less than five years old die every year in Italy. At least two-thirds of these babies could be saved if their mothers were more carefully watched and advised, both before and after the births.

Public health means stronger, happier school children. It means the prevention of the spread of three great foes of a United Italy—tuberculosis, malaria and infant mortality, the deaths from which are said to have doubled during the last two years.

The practice of medicine used to concern itself with the care and cure of disease, now it is as much

interested in the prevention of illness; for many premature deaths and much of the accompanying physical suffering and spiritual anguish, can be avoided if health education is properly organized and taught. Your hospitals, offices of hygiene, *ambulatorii*, *asili*, etc., are doing good work, but the *visitatrice* who goes from the institution into the home will increase its usefulness in any community. The Public Health Nurse, or *Assistente Pubblica*, as she is called in Genoa, is the link between the patient's family and the hospital, the messenger from the busy doctor in the school to the mother of the small boy whose crooked back needs prompt attention if he is going to grow up tall and straight.

A busy *ambulatorio* upsets the simple mother of a sick baby. She thinks that she has understood the doctor, but too often, the confusion of leaving her house to take the baby into an unaccustomed atmosphere has so frightened her that she remembers only the room and the doctor and the journey, she does not remember what he has said about feeding her baby. The baby still cries and looks badly. The mother is in despair, when suddenly a signorina, whom the mother remembers having seen in the doctor's big room, comes to see her and right there, in the mother's own kitchen, she repeats what the doctor said. After all, his words were not so difficult; perhaps the mother will

have the courage to take the baby back. The signorina seems to know all about babies. She tells the mother how to prepare the food, how to bathe her baby, how to let it rest on the bed, how to shield its eyes from the sun and dust when she must take it out into the street. She asks a few questions, not many; she does not stay so very long, perhaps half an hour, but when she leaves, the mother feels much less anxious, for the signorina has said that the baby would not die and she has promised to come again. The baby has a new protector and the mother feels that she has found a friend. This is the atmosphere that a good *assistente sanitaria* can create in the homes of her patients, whether they be babies, school children, or adults.

Friendship is a sacred gift, we cannot create it at will, but the worker who does not visit the homes of the poor in a friendly spirit has mistaken her calling. A good *assistante* is developed by training, study and experience, but if she does not put her work first, every time, she will not help her patients much. Teaching simple people is hard work, it requires the highest type of young woman, gentle-bred, well-educated, sympathetic, persevering, as faithful in small as in large things, as punctual and conscientious in her thought of the strangers who are her patients as she would be in her treatment of her own family. A *visitatrice* who does not instinc-

ively put her patients before her own preferences or comfort may do her work acceptably, but she will never be truly successful. Good will and kind intentions are essential, but they are not enough—a nurse must learn to give wise service; she must not look for gratitude or for an immediate response to her teaching, but both will come in time. Little children learn best from a teacher whom they both love and trust, and frequently our patients are but children of a larger growth, and need to be taught simply, clearly, firmly, patiently. The respect of the poor comes slowly, but once earned they are loyal to their guides. And that must be your goal, for as one patient after another follows your teaching, because she trusts you even when she does not always understand, you will build up a strong piece of public health work. Baby death-rates have decreased, tuberculosis patients have been known to get well and return to work, but the work of well-trained, heartily interested *assistanti pubbliche* is needed now more than ever if we are going to offer all well babies and all sick patients the same chance. This is the field that is open to you. The work will seem easy at first, perhaps, and not very important, but as you become more and more interested in your families, you will begin to realize what a responsibility you have taken upon yourselves. The following true story of a fairly typical district family in Chicago illus-

trates how much good one observant, sympathetic *infermiera visitatrice* may do in a single family:

"I have such an interesting family in my new district. Cozzie is their name. There are six children under eleven and another is expected. I have never seen a family where underfeeding showed so plainly—two little lads, three and five, look almost like twins and so do two others, seven and nine. A child of three weighs only eighteen pounds, his little legs are just like a sparrow's. So far a few things have been accomplished and a great many plans made. The father has a stiff knee. He is a street sweeper at about 10 lire a day. I planned a budget with the *Beneficenza*. There was a deficit of nearly 100 lire if we were to feed the children at all. In view of the children's unpromising future, the *Beneficenza* agreed to give additional food. We had considerable trouble with Mr. Cozzie's pride, for he did not wish to accept anything. *Presbyterian Hospital* knows the family well, and through Miss B of the Social Service Department, Helen, the oldest and only girl, had a very bad pair of tonsils removed and spent a few days at the convalescent home. The hospital also took the youngest child in as a feeding case and hopes to keep him until after the mother's confinement. She will be cared for from their out-patient department. Then another private hospital has said that it would give us free beds for two boys for tonsilectomies. After all this is accomplished and the new baby has come, arrangements have been made for an outing at a summer camp for the whole family, if the baby comes in time. Isn't this quite a problem to figure out? And this time the family weren't asking help at all."

Seven different agencies gave help to the family. The nurse who went in response to a routine call from a clinic for pregnant mothers,

used her eyes well. She knew how to inspect a family and how to secure the much needed assistance for each patient that she found. These six children, a brave but ignorant father and mother, will always have a better chance in life because of that nurse's friendly, intelligent interest. The knowledge required to help this family wisely did not come to this nurse overnight. She learned much of it as you are preparing to learn it today, by study and practice. And she loved her work. That is the great secret of the success of *visitatrici* everywhere—their patients come first in their minds.

When asked what one wish he would make for the world, Tolstoi is said to have replied, "That we may all be more friendly." The *visitatrice* shares, with the teacher, and the brave mother of many lit-

tle children, the inestimable privilege of increasing the world's fund of friendliness. Health is a precious possession of us all, but it is the workingman's chief asset. By extending into every home the good work of the doctors in the hospitals and dispensaries, the *visitatrice* helps to bring back lost health and to protect those not ill. She carries hope into homes frightened and made desolate by illness. By her own faith in her message of good health for all, she can slowly, patiently but successfully, assist her families to help themselves back to a firm foothold of health and self-respect.

This is the opportunity which the field of public health offers you today. On the threshold of a new service to all the people, you have the future of a great gift to Italy in your hands.

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When the American Red Cross opened a new orphanage in Damascus, Syria, it was found that most of the three hundred orphans taken in suffered from some disease, due in most cases to malnutrition. To prevent contagion, all the children having one type of disease were dressed in the same color of clothes, those with another disease in another color. Each class was then segregated and the different hues of frocks were not allowed to mix.

Second National Country Life Conference

BY KATHERINE M. OLMSTED.

THE Second National Country Life Conference was held in Chicago November 8th to 11th, 1919. Representatives were present from the Y. M. C. A. and Y. W. C. A., State Universities, Endowed Colleges, U. S. Government, Agricultural Colleges, Red Cross, also physical directors, doctors, ministers, registered nurses and farmers.

When the registered nurses were asked to stand more than half the attendance rose; and as a result of this large percentage of nurses it was proposed that a Nursing Committee be appointed, and Miss Katherine Olmsted was asked to act as its Temporary Chairman.

A very good Rural Public Health Nurses' Round Table was held. Miss La Forge, Miss Geister and Miss Fox gave short talks. The following recommendations were drawn up and were accepted by the Conference:

1. That the National Country Life Conference add to its list of committees a permanent committee on Rural Public Health Nursing, the chairman of which shall be appointed by the President of the Association, the rest of the committee to be selected by the committee chairman.
2. That this committee study and be prepared to report at the next annual meeting of the Association, recommendations on the following, with definite, concrete plans for their development:
 - (a) What is the legitimate scope of activities of Public Health Nurses in rural counties where the services are maintained by public funds?
 - (b) What activities belong distinctly to a Public Health Nurse and what health activities could well be delegated to other agencies, such as Health Instructors, Volunteer Aids, School Teachers and Social Workers?
 - (c) How can funds be secured in the average rural county to finance an efficient, adequate Public Health Nursing Service?

Among the interesting reports of the various committees was a very good one presented by Miss Carney, Chairman of the Committee on Rural Elementary Education and Junior Extension. Miss Carney stated that the feeling of the Committee was strongly in favor of Federal aid for rural nurses, that the county unit was the basis of county education and must therefore be the basis of county health. Miss Carney was much in favor of a joint committee studying the problem of how best to promote county responsibility for public well-being, stating that neither the county schools nor the county Health Department should be entirely responsible for the teaching of health in the schools; that a definite county public health machinery should be put in operation, using all the material in the county.

Among other important discussions following the reports was a very heated discussion on what public health machinery was advisable and possible for a rural county. The entire Conference accepted the recommendations that the county should be the health unit; that each county should have a Public Health Department, a Public Health Board, a county hospital and dispensary service, a full-time Health Officer and at least one County Public Health Nurse; and that every effort in the coming year should be made to promote local responsibility for public well-being.

A very interesting report from the Recreation and Health Committee disclosed many surprising results of farm work on the health and physical development of rural children. The report brought out that the country-raised men and women suffer from certain bodily malformations and have not the ability to postpone fatigue as city people have; that their bodily development is not symmetrical, due to the over-development of certain muscles at the expense of others; that they are not lacking in weight or height, but that they have a certain somnolence; that the rural children especially need real recreation and play for the whole body. It was recommended that the Conference go on record as favoring:

1. That every rural child be subjected to a physical efficiency test.
2. That all rural children have fifteen

minutes daily of organized, supervised play.

3. That every rural class of third grade have competitive games and that organized athletics be encouraged.

4. That all rural school children have at least ten minutes in setting-up exercises daily, to develop all muscles of the body.

5. That good recreation for rural school children be required by law; and that official recognition be given to rural recreation as a public school necessity.

Dr. W. S. Rankin reported as follows:

1st. This conference should recognize the county as the ultimate unit in rural health administration. The district is sometimes desirable in the beginning, for it is to be noted that the district plan and the county plan are not in conflict. For instance, take the county as the unit. After from eight to twelve counties have been organized it is necessary to have a health officer of the Department of Health to supervise the county officers. Vermont and Illinois have used the district idea to begin this health work. As the State Department gets more money, they will increase the number of officers. A State can begin with the district idea or it can begin with the county and work up to the district supervisor. Keep in mind, however, that the county is the logical unit.

2nd. It is the sense of the committee that the appointment of the County Health Officer should be by the local or county authorities but these authorities should appoint Health Officers that are qualified, the state having determined the qualifications just as it does for lawyers and Public Health Nurses. The State should certify them to the local authorities. One county in North Carolina had five different health officers in one year, appointed by the State. None of them were acceptable to the county. So, we said, "Try your hand and we will do the approving." That is the best way. In Ohio, the State determines the qualifica-

tions and the county selects the officer from a list given it by the State.

3rd. The plan of work, in scope and detail, should be standardized and approved by both the local authorities and the State. But, you immediately come in conflict with the views of a number of local Health Officers. They think their initiative is destroyed when you standardize the work. This is only an apparent conflict. The local Health Officer does not want the work too closely outlined for him. But, on the other hand, it is to the interest of the State and community that the work of the Health Officer be standardized. It is only by comparison that the people employing the Health Officer, the county and the State, can estimate the work of one man as against the work of another. Now, how can we promote initiative on the part of the Health Officer? Call in the local Health Officers for a conference, appoint a committee to revise the work. Compare the work of all the different officers, conserving the initiative shown by them, and the people can see what they are getting for the money they are spending. So, the third point is the standardization of the work and the preservation of initiative.

4th. The Committee believes you should approve the participation of the governments, county, State and Federal, in rural health work. The Federal Government has recognized for a number of years that the county good means Federal good. It has been actively interested in county schools, county agriculture, county roads. Now, certainly public health is a matter in which the Federal Government has a real and vital interest. In the war just recently ended, the Federal Government found that it was dependent upon the vitality of American citizenship. The revelations of the draft brought this fact home to the Federal Government. The realization came that the citizen of the county is not only a citizen of the county, but of the State and of America, and he thus becomes a matter of direct interest to the Federal Government. So the Fed-

eral Government has an interest in the health of the average citizen just as in good roads and agriculture. In encouraging better rural sanitation, the Federal Government would adopt the Federal Aid Extension principle. It is very simple. The Federal Government will help finance this. It will bear its share in dealing with this national problem which is also a local problem. The fund given to each State is apportioned, as in the Lever or Mann act, on a population basis and the State receiving a fund shall appropriate a like amount. This combined amount is then divided among the counties, if they put up an amount equal to the amount received. The personnel employed shall be approved by the three parties. This keeps politics out. The plan of work must be approved by the county, State and Federal Government. This brings about standardization and it makes of the State Board of Health a State clearing house. If some particular experiment is carried out, some valuable method worked out in some county, or if some failure occurs, it is passed on to the other counties and to the Federal Government and it makes of the Federal Government a clearing house for the whole country. To sum it up, Federal appropriation, personnel employed, and the plan followed shall be approved by all three governments, eliminating politics and bringing about standardization. This kind of aid, this Federal Aid Extension, is fundamental to this rural health work. In three years public health will reach a point it would otherwise take 25 years to attain.

The report was accepted.

Standard For a Public Health Nurse

Miss Harriet Fulmer said in part:

It is news to the Middle-West that the Cook County Commissioners voted money to put Public Health Nurses in rural sections. Why did we want them, when we are near one of the greatest universities and hospitals? Because, just across

from Chicago are 600 square miles of the most benighted section of the country. These people have little knowledge of Chicago but they have 101 rural schools, built years ago.

Our minimum standard for any Public Health Nurse is as follows: She must be a graduate of an accredited school; she must be a Registered Nurse, registered by the state in which she graduated; she must be a member of the National Organization for Public Health Nursing, and she must be enrolled in the American Red Cross. She must be as good as a Hull House nurse. She must come up to the highest standards of service. Some people have thought six weeks was all that was needed to go into rural work!

Cook County has 15,000 children under the supervision of our nursing service and we are trying to make Cook County pay for better and better service until we shall have 100 nurses to these 15,000 children instead of the 28 nurses we now have. We have thought long enough that anything was good enough for these rural children, instead of realizing that they are our greatest assets.

Mobilization of Forces for Improving Public Health

It would be difficult to convey in writing the delightful charm that characterized Dr. George E. Vincent's address. His wonderful vocabulary, his irrepressible humor and his evident enjoyment in giving the address quite lifted his audience off its feet. If all education might become as entertaining as this very instructive lecture, children would play hookey no more and truant officers would be a superfluity in the community.

In speaking of the unrest among rural people, of the desire of the

country boy and girl to get to the city, he said:

Country people are individualistic. They do not take to coöperation. Thirty per cent of them are renters who expect to move on. They are agricultural Micawbers. Many methods have been devised to keep the country boy and girl on the farm. Each individual or organization that evolves such a scheme thinks it has only the right one. It reminds us of the Episcopalian who was asked if he thought anyone could reach Heaven except through the Episcopal Church. "Yes replied the gentleman," and here Dr. Vincent drew himself up to his full height. "Yes, I admit that there are other roads to Heaven, but no gentleman would take advantage of them."

Country life, said Dr. Vincent, is not so healthy as city life. Statistics gathered from examination of school children show this. Rejections in army medical examinations, however, were about the same in number for country and city, but the army camps said that the resistance of the city boy was greater than that of the country boy. The sickness rate is higher in the country and the vitality rate lower. The death rate in the city is dropping while that of the country has been holding its own. These conditions are not necessary and they are something for us to work upon. New Zealand is rural but its death rate is the lowest in the world. Rural conditions in England do not seem to be bad.

Medical care and nursing are not as available in the country as in towns. How can we deal with these problems? The school is a point of approach. School inspection has always been the means of stirring the community and introducing Public Health ideals. Figures show the need of personal hygiene, preventive medicine and sanitation.

The school teacher in the United States is the most long-suffering person imaginable. We expect so much of her and

pay in rhetoric and praise. So the teachers are going into other professions. The average county pays so little that it can secure only young girls who have had little or no experience and some of whom have had neither Normal nor High School education. Fifty per cent of the pupils of this country are under just such amiable young women. Yet we expect everything necessary to be done for the children of this country in the public schools by this "mass of modest maidens meditating matrimony."

Now, the teacher can be a most important factor in the teaching of this new Public Health. She can introduce the school luncheon which is not only good for the child but which reacts on the home. She can work for playgrounds which the country child needs just as much as the city child. Yet, we cannot expect so much of these young, underpaid teachers whom we employ in the county. We should pay more and get teachers of more experience and better qualifications. Good teachers in the county schools, coupled with the advertising at hand, such as the fascinating literature that has been gotten out by various organizations in the past year or two, the auto clinics, moving pictures, health trains, four of which are at work in France today, (and are called "medicinal tanks"), courses of study to be had—with all these means at hand, we should work wonders.

Our real hope is Public Health administration. Public Health is a public function and should be supported by taxation. The full-time Health Officer is a necessity, but they are not appearing very fast. However, there is more demand since the war. Vermont is divided into ten districts; at the head of each is a full-time Health Officer appointed by the State Department of Health; and, if a city wants a Health Officer, it gets him and pays for him out of city funds.

The nurses employed should be of

the highest standard. The Red Cross is taking a great interest in Rural Public Health. It is co-operating with other agencies and is offering scholarships to nurses desiring training in Public Health work. Send for the pamphlet, "American Red Cross Health Centers."

Mention should be made of the National Organization for Public Health Nursing. It is made up of wise, devoted women, rendering splendid service, working out types of work. They go about quietly studying conditions and advising local people who are interested in bettering their community. A fine example of this is the work done by the National Organization for Public Health Nursing in Pittsburgh a few months back.

But no rural community can alone afford to carry the cost of public health. Must we leave them without the right public health? No! The State Extension is helping to get just as good schools and education in the open country as in the city. The same idea is good for public health. The enthusiasm that has come from the war should be utilized. All organizations should be willing to subordinate themselves to the great ideal—the betterment of the community through coöperation.

Rural Public Health Nursing

Miss Elizabeth Fox said in part:

Public Health Nursing had its genesis in the big city 25 or 30 years ago. It was a big piece of work to undertake and it was not until about six years ago that it began to spread into the country.

Now, what are the essentials of Public Health Nursing? We must begin with the expectant mother. Maternity death rates have not dropped in twenty years although death rates from communicable diseases and other causes have dropped considerably. We see we have not given attention to this maternity problem. Read a full description of what a county mother goes through during that period. She ought to have wise advice during the

prenatal period. It should be extended to her as well as to the city mother. Her problems of health and family difficulties should be considered and arrangements for confinement made. Care during confinement should be given followed by infant welfare work. She should be taught the simple care of the baby—infant feeding, clothing, bathing and outdoor sleeping, so simple to us but unknown to her unless she is taught. Then she should be urged to take the child to a specialist when such care is needed and she should be instructed how to carry out directions given to her. During the pre-school age, the child may begin to lose in weight. The mother does not know just what it should have. The beginnings of the defects found in the draft creep in during these childhood years. Medical inspection is recognized as essential to health today. The defects found in the army and navy would not have been found in many cases, had examinations been given twenty years ago. Communicable diseases which wiped out so many lives, can be controlled. Whooping cough, measles and typhoid fever need only a certain amount of action to be wiped out. The nurse can take hold of these things and find early cases. She can take care of them and thus protect the whole neighborhood.

The first problem is a question of personnel. One nurse in a county is most inadequate. An average size county with 70 schools will take her entire time and attention. So we face the problem of a shortage of nurses, even when we decide we want them, for there are not enough to supply the demand at the present time. The next question is, what kind of person do we want for a Public Health Nurse? She has certain attributes gained in her training to help in public health work but she does not think she has a corner in that field. She wants to use the local school teachers, the social workers and the health instructors, for all can do some piece of work and there

is room for all the workers. But we do want her to have real knowledge and to do thorough work.

We are trying to supply the demand for Public Health Nurses. Many universities and State Boards of Health are endeavoring to develop a practical field and training courses to provide more Public Health Nurses and we will probably have adequate training courses and a sufficient supply of nurses within the next few years.

Another question is the question of cost. How are we going to get the money to pay all the nurses we should have? Shall we remain where we are now, allowing private philanthropy to do what it can until we find some consistent, adequate and democratic way? County funds can scarcely pay for the entire nursing service. They can pay part, but help must be given, by the state or some other source. Some states are doing nothing and some are doing splendid work.

Now, the Red Cross has taken hold of the problem. We are trying to come to some form of agreement with the Tuberculosis Associations and State Health Departments. The Red Cross and the Tuberculosis Association might coöperate and we are asking chapters throughout the land to take an interest in Public Health Nursing and, if no other agency can undertake it, we are asking private philanthropy to back this service until public funds can be secured for it. The Red Cross has given \$100,000.00 for scholarships to prepare workers to enter this field. Then that other organization, The National Organization for Public Health Nursing, is doing splendid work along these lines. It is working toward the development of a legislative campaign in the States where there is no State law, establishing this work; it is advising nurses, helping to establish various courses to prepare nurses; and is carrying on propaganda to interest local officials who are not yet aware of why they should appropriate funds for Public Health Nursing; and the National Or-

ganization for Public Health Nursing and the Red Cross are coöperating in this work.

Other Speakers

Other speakers were, Dr. Dearholt, who spoke of the difficulty experienced in obtaining Public Health Nurses, and of the Health Instructors Course organized under the Extension Bureau of the

University of Wisconsin; President Butterfield, whose subject was rural life and the need for an extensive program of work; and Dr. Eugene L. Fisk, who gave statistics to prove that life in the country is healthier than life in the cities, but added, "There is no question about the need for improvement in rural health conditions."

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Glances From Idaho

BY ELLA M. DJUPE

State Field Nurse, Idaho State Tuberculosis Association.

SMITH'S PRAIRIE, Elmore County, Idaho, has a population of about 150. It is an isolated farming community, forty-five miles from a railroad. Mountain Home is the nearest railroad station. The prairie is about twenty miles long and about three miles wide. It is about 4,000 feet above sea level, and as it is high above the South Fork of the Boise River, one must ascend an exceedingly steep grade in order to reach it.

The steep grades and the deep snows make it very difficult for one to travel in and out in the winter. As yet there are few automobiles, and with the exception of one truck all freighting is done by teams. Many times one sees from four to six teams of horses hauling loads which would re-

quire only one team on ordinary roads.

The scenery is wonderful, and if one can forget that one is traveling on high and narrow roads and not think of the possibility of "Lizzy" turning a somersault over some steep grade, it is possible to appreciate a journey through the most picturesque country that one can ever hope to see. There are wonderful old castles of grey rocks built in the mountains by nature. It would be impossible for man to do such work. There seems to be no foundation upon which these rocks rest.

The Prairie boasts of having two post offices, one at each end, and the mail is delivered twice a week. There are two telephones connecting this remote district

with the outside world. All staples, such as groceries and provisions, are hauled in before the snow falls.

An invitation was extended to the Field Nurse of the Idaho Anti-Tuberculosis Association and to the Home Economic Director of the University Extension Department, through the University Extension Service, to visit Smith's Prairie for educational work on the prevention of disease, and to examine the school children of that place, and to give a few instructions on Home Care of the sick.

Visits from doctors and nurses are very rare. Many of the women go to the hospital or to the home of a relative in town to be confined, so that they may have medical attention. However, several cases were reported to have been delivered by the husband or by a neighbor. A neighbor told these facts about a mother of nine children. "The last time that she had a baby, two of the children came here in the middle of the night terribly frightened. She had had one of her epileptic fits. She has never had a sheet or even a cotton blanket. She has always been confined on horse blankets."

The picture shows this mother and a part of her family. Truly, the city does not boast of worse conditions in the tenement districts, nor do dwellers of the city have a greater need for public health nursing. This mother thought it was "Right smart of

you to take our picture."

Another baby will arrive in February. The children are being deprived of a public school education, as it is too far to go to school. The school in question, shown in the photograph, is very different from the average Idaho school, as many of these schools are modern in every detail. In this particular one we found the side curtain of an automobile being used for a blackboard. The floors were rough-board, and there were only two small windows.

In another home a little boy was found who had had a Collies fracture, and since he was forty-five miles away from a doctor, the grandfather decided that he knew how to set a fracture. He proceeded to do so. He set it and bandaged it with such firmness that gangrene set in. The little boy was taken to town and remained in the hospital for three months. He will be a cripple for life.

Letters of appreciation of the help given have been received from the people in this isolated district and the following are extracts from letters:

"We are so thankful to you for the interest you showed toward us isolated people. I am sure every one appreciates your visit and was benefited by it."

"I know that you will be pleased to learn that our hot lunch at noon is a great success. We took new courage after your visit. I am sure your talk to our teacher did wonders. We notice a difference in the children."

"Harris had me put up the menu you



A MOTHER WITH SEVEN OF HER NINE CHILDREN—SHE THOUGHT IT
"RIGHT SMART" TO HAVE HER PICTURE TAKEN



THE SCHOOL HOUSE—NOT TYPICAL, AS MANY SCHOOLS IN IDAHO ARE
MODERN IN EVERY DETAIL



THIS LITTLE BOY WILL BE A CRIPPLE
FOR LIFE BECAUSE HIS GRANDFATHER
THOUGHT HE KNEW HOW TO SET A
BROKEN BONE



SMITH'S PRAIRIE, IDAHO—A GROUP OF VILLAGERS POSING FOR
THE PUBLIC HEALTH NURSE

gave him and follows it to the letter. He had quite a time at first with the cereal, but he is coming along nicely."

"Miss E. D—— and Miss E—— from the Idaho Anti-Tuberculosis Association and the University Extension were up here in this county for about a week. Miss D—— is a Red Cross Nurse and also examined and weighed and measured the school children and gave several lectures on health and nursing, etc. It sure was grand. Miss E—— talked on the care of school children's clothes and food. We now have our school arranged and the children cook and serve a hot dish for lunch. Some days it is soup, some days scalloped potatoes, baked beans, a stew, or a cooked vegetable. On Friday it is cocoa day. The teacher makes out the week's menu and the children furnish the things the number of days in proportion to the

number of children attending. We mothers all think it makes a big difference in the health and studying ability of the children.

"Miss E—— gave us some of the nicest patterns of all kinds of clothes made of sugar sacks. The little dresses were either bleached white or colored with rit and of all the dandy things to be made of old underwear. And men's shirts make the cutest little dresses and even stocking legs, with a stocking pattern to make women's stockings over for the little tots.

"The meetings were sure fine and showed us many ways for poor people to get along."

The last extract is from a letter to the secretary of a club in Boise. The writer is a little confused as to titles.



The kitchen is the most important room in the house from a health standpoint, says the United States Public Health Service. Keep everything about it and every one in it scrupulously clean.

Bi-ennial Convention of the Three National Nursing Associations, Atlanta, Georgia

April 12th to 17th inclusive

National Organization for Public Health Nursing Section Meetings
Friday and Saturday preceding Joint Convention
April 9th and 10th, 1920

THE 1920 Convention of the National Organization for Public Health Nursing will be held, as heretofore, jointly with the other two national nursing bodies. It is the first meeting under the revised constitutions which, by common consent of the three Associations, now provide for bi-ennial rather than annual conventions.

Because such a long interval has elapsed and developments of unprecedented importance have taken place since 1918 and because four groups of specialized nurses (i. e. infant welfare, school, tuberculosis and industrial) are preparing to organize sections within the National Organization for Public Health Nursing, it has seemed advisable to most of the officers and directors to try, as an experiment, an extension of period of the convention dates for Public Health Nurses beginning Friday, April 9th.

The Sections will be organized under the leadership of the chairmen of the corresponding standing committees as follows:

Infant Welfare Nursing	Miss Zoe La Forge
School Nursing . . . Miss Anna Stanley	
Tuberculosis Nursing,	Miss Bernice Billings
Industrial Nursing,	Miss Florence S. Wright

By-laws will be adopted and officers elected. Following these formalities, programs will be presented and concurrent sessions held during the first two days. These will be planned both for urban and for town and rural workers separately, in the hope of making all sessions helpful to everyone in attendance. The latter group will discuss the various topics as parts of a general community nursing service, while the others will treat them as specializations.

During these same two days, other programs will be arranged, especially one on problems of Organization and Administration which will be conducted largely by non-professional members. Single sessions on mental hygiene, venereal disease and social service nursing may also be provided.

Monday, being the opening day, will be devoted to registration, business sessions and a joint opening meeting.

Tuesday and Wednesday each

association will hold separate sessions. Those of the National Organization for Health Nursing will include among others the subjects listed below. It is impossible to announce the names of speakers at this time:

State Programs of Public Health Nursing, The Public Health Nurse, what she is and what she does.

The Desirability of Creating Divisions of Public Health Nursing within State Departments of Health.

The Public Health Nurse and Venereal Disease Control.

The Public Health Nurse and the Extension of Acute Communicable Disease

Nursing in its Relation to General Work.

The Public Health Nurse and the Extension of Maternity Nursing.

The Public Health Nurse and Mental Hygiene.

The Public Health Nurse and Industrial Hygiene.

The Public Nurse and Industrial Hygiene.

Rural Needs and Rural Problems.

The National Program of Health Education and Protection for School Children.

Community Organization for Health Work.

Co-ordination of Public and Private Agencies in the Field of Public Health Nursing.

One or two sessions will be held both morning and afternoon, as desired. The first evening will be reserved for special conferences of Red Cross Public Health Nurses,

if desired. The second, Round Tables or informal social groups may be arranged.

No meetings will be held on the Sunday.

**GENERAL
NATIONAL ORGANIZATION FOR**

Monday, April 12, 1920.	Tuesday, April 13, 1920.	Wednesday, April 14, 1920.
9:30 a. m. to 1:00 p. m. Opening Business Sessions.	9:30 a. m. to 11:00 a. m. Public Health Nursing Administration. Paper: Its dependence upon Standardized Record and Report Forms and Accounting Systems. Paper: Essentials of Office Administration. Discussion. 11:30 to 1:00 p. m. The Public Health Nurse and Industrial Hygiene. Paper: Essentials of Educational Preparation and other Requirements. Paper: The Industrial Nurse Identified with the Industry or Affiliated with V. N. Associations. Discussion.	9:30 a. m. to 11:00 a. m. Rural Needs and Rural Problems. Address: A Call from the Mountains. 7 Minute Responses—What Some Public Health Nurses are doing. Paper: Some Keystone Essentials to Effective Work. Discussion. 11:30 to 1:00 p. m. Address: A National Program of Health Education and Protection for School Children. Paper: Is the School Nurse Primarily a Health Teacher or a Health Supervisor? Paper: Is Health Supervision of School Children a Function of Depts. of Education or of Depts. of Health? Discussion: Is a Complete Identification of Health Work among Pregnant Mothers, Infants, Pre-School and School Children Feasible?
2:30 to 4:30 p. m. A. N. A. House of Delegates, P. H. Nurses in attendance.	2:30 to 4:30 p. m. Newer Fields of Public Health Nursing. Paper: The P. H. Nurse and Venereal Disease Control. Paper: The P. H. Nurse and the Extension of Acute Communicable Disease Nursing in its Relation to General Work. Paper: The P. H. Nurse and the Extension of Maternity Nursing. Discussion.	2:30 to 4:30 p. m. Community Organization of Health Work. Paper: The Health Centre Idea in Cities. Discussion of three experiments. Paper: County Units. Discussion of three demonstrations and one sectional unit. Discussion.
2:00 to 4:00 p. m. Paper: A Syndicated System of Public Information. Paper: Salary Schedules and Their Bearing on P. H. Nursing's Self-Imposed Social Obligations.	5:00 to 6:30 p. m. Round Table. The P. H. Nurse and Mental Hygiene.	
2:00 to 4:00 p. m. N. O. P. H. N. Non-Professional Members Section on Organization and Administration.		
8:00 p. m. Opening Meeting. A. N. A. N. L. N. E. N. O. P. H. N.	8:00 p. m. Social Evening. Motion Pictures: An Equal Chance. D. C. Ch. Bu.	8:00 p. m. N. O. P. H. N. Program. Co-ordination of Public and Private Agencies in the Field of P. H. Nursing. Address: State Program of P. H. Nursing. Address: Red Cross Promotion of P. H. Nursing. Address: The P. H. Nurse. What She Is and What She Does. A Definition.

SESSIONS
PUBLIC HEALTH NURSING.

Thursday, April 15, 1920.	Friday, April 16, 1920.	Saturday, April 17, 1920.
9:30 to 1:00 p. m. Joint Session. Legislation. Paper: Current and Proposed Legislation in the Field of P. H. Nursing.	9:30 a. m. to 1:00 p. m. N. O. P. H. N. General Session. Reports of Standing Committees, with summaries of Convention Discussions. Report of Committee on Resolutions.	N. O. P. H. N. Closing Business Session.
2:30 p. m. to 5:00 p. m. Joint Session. Education. Paper: Home Asst. vs. Trained Attendant in Field of P. H. Nursing.	2:30 p. m. to 4:30 p. m. Joint Session. Paper Contributed by N. O. P. H. N.	Adjournment.
8:00 p. m. N. L. N. E. Program.	A. N. A. and Red Cross Program.	

An Agreement Between Three National Organizations

An Agreement Between the American Red Cross, the National Tuberculosis Association, and the National Organization for Public Health Nursing, for the Promotion of Public Health Nursing.

FOREWORD: The Red Cross and the National Tuberculosis Association, through their division and state organizations, being the organizations probably administering the largest number of Public Health Nursing services, and the National Organization for Public Health Nursing, as the voluntary body representing all types of Public Health Nursing, necessarily have many interests and problems in common. Therefore, they seek to supplement each other by utilizing the facilities of each in common as far as possible, and by joining forces in undertakings in which it is advantageous to do so. To accomplish this it is necessary that the functions of each organization and the lines of coöperation be clearly defined and future lines of coöperation be so far as possible anticipated. These three organizations, through their accredited representatives in conference assembled in Washington, D. C., December 5th, 1919, hereby define what each organization considers to be its functions in the field of Public Health Nursing, and enter into an agreement as to methods of performing its functions by means of coördination and coöperation.

AMERICAN RED CROSS

Definition of Functions

THE functions of the Bureau of Public Health Nursing are:

1. Organization and administration of public health nursing services under the entire or partial direction of Red Cross Chapters through the machinery of the Division and State Staffs and in coöperation with State Departments of Health.

2. Education of the Chapters in the principles and practice of public health nursing in order to prepare them to administer such work with the maximum of intelligence and understanding and to the greatest advantage of the community.

3. Constant support and guidance of Public Health Nurses in Red Cross Service, and provision of all educational and informative material needed by them in order to assist them in understanding and meeting rural problems and in organizing and conducting their work to the best advantage.

4. Stimulation of supply of public

health nurses through scholarship funds, through financial assistance, where necessary, for public health courses, and through efforts to interest student nurses and graduate nurses.

5. Research work in the field of practice through analytical studies of various typical and atypical pieces of work for the purpose of determining standard methods of organization, practice and technique, and for discovering data relating to various problems, such as cost of service, variety of personnel required, etc.

6. Conducting demonstrations or experiments in public health nursing by request or as need arises.

THE NATIONAL TUBERCULOSIS ASSOCIATION

Definition of Functions

The general functions of the National Tuberculosis Association in the Public Health Nursing field are:

1. To act as a clearing house of information about tuberculosis.

2. To suggest policies and programs to its constituent groups.

3. To stimulate the adoption of such methods of teaching tuberculosis, that nurses in training schools shall be made as familiar with this disease as they are with many other diseases which are not so widely distributed.

The National Tuberculosis Association considers that the employment of Public Health Nurses by state and local tuberculosis associations should be for the following purposes:

1. The making of surveys and the demonstration of local needs.

2. Furnishing tuberculosis and public health nursing to communities until such time as the local public authorities are able and willing to assume its support.

3. Staffing of clinics and dispensaries for the diagnosis and treatment of tuberculosis.

4. Follow-up service for tuberculosis sanatoria, preventoria, and open-air schools.

5. Work in the schools with the consent of proper authorities to introduce and supervise the activities of the Modern Health Crusade.

6. As Executive Secretary of state and local associations when such associations so desire.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Definition of Functions

The National Organization for Public Health Nursing seeks through the following measures to develop and support standards of public health nursing:

I. *Educational*

1. Assisting in the organization and improvement of post-graduate courses in public health nursing.

2. Assisting in the production of more public health nursing teachers through special scholarship fund.

3. Encouraging introduction of instruc-

tion in subjects relating to public health nursing and field work into the curricula of qualified training schools.

4. Special institutes for public health nurses already in the field.

5. Circulating package library; advisory service to libraries concerning public health nursing literature and bibliographies.

6. PUBLIC HEALTH NURSE, monthly magazine

II. *Recruiting*

1. Encouraging graduate and student nurses to enter public health nursing.

2. Encouraging high school and college students to enter nursing and to prepare through pre-professional courses. This organization has proposed that this be continued in coöperation with the other national associations.

III. *Employment*

Maintenance of a limited employment service which could be developed into a national employment clearing house for Public Health Nurses.

IV. *Standardisation*

Studies of and assistance in establishing standard methods of organization, administration, publicity and financial support, records and reports. This function is naturally the province of all these bodies, coöperatively or individually.

V. *Legislation*

Creating public opinion in favor of, and assisting in the enactment of suitable public health nursing legislation, such as the appropriation of public funds for public health nursing, and the creation of divisions of public health nursing within State Departments of Health.

WAYS AND MEANS OF CO-OPERATION

I. *Educational*

1. *Courses*

The Red Cross and the National Tuberculosis Association look to the National Organization for Public Health Nursing to take the lead in matters pertaining to the education of Public Health Nurses.

Before granting either financial subsidy or scholarships to a post-graduate course for Public Health Nurses the Red Cross will require that the course be endorsed by the National Organization for Public Health Nursing. The National Tuberculosis Association will make the same requirement, but will insistently urge through its representative on the Educational Committee of the National Organization for Public Health Nursing that such courses make provision for suitable proportion of teaching of tuberculosis, and is ready to coöperate in establishing standards of teaching for tuberculosis nursing based upon the judgment of the leaders in this field, medical, nursing and sociological. It further urges similar consideration for the advice of other specialized health organizations.

2. Forum

The Educational Committee of the National Organization for Public Health Nursing will act as a forum for the discussion of all questions pertaining to the education of Public Health Nurses. The Director of the Red Cross Bureau of Public Health Nursing, and the National Tuberculosis Association's Secretary for Nursing (and possibly, later, representatives of other national public health organizations) will sit on this committee as members. These organizations will undertake, jointly or separately, but under the general direction of the Educational Committee, to prepare series of monographs on practical methods of conducting various public health nursing activities, and pamphlets on other special subjects as needed.

3. Institutes

Believing strongly in the need for annual and widely distributed institutes for Public Health Nurses of considerable experience or training, the Red Cross and the National Tuberculosis Association will join with the National Organization for Public Health Nursing in recom-

mending that such institutes (to cover two weeks or more) be organized and conducted by suitable established agencies within the states, with the assistance of the National Organization for Public Health Nursing, in consultation with these other national bodies. The latter will offer the assistance of their division and state staffs in conducting the institutes and will encourage their local staffs to attend. These three organizations agree that these institutes should be general in character, including tuberculosis, child hygiene, venereal diseases and other special subjects. The Red Cross stands ready to suggest subjects and teachers in the rural nursing field and the National Tuberculosis Association to furnish outlines of lectures and teachers in tuberculosis subjects.

4. Library

In view of the fact that the National Organization for Public Health Nursing has a library department with an appropriation for adequate expansion, and has a circulating package library operating through 44 State library centers, which has been endorsed by the American Library Association, the Red Cross and the National Tuberculosis Association will not endeavor to develop duplicate library facilities, but will recommend that their field staffs make the fullest possible use of the facilities offered by the National Organization for Public Health Nursing. The latter organization will undertake to develop its library resources to meet the special needs of these staffs, particularly as their work affects the rural nurses.

5. Magazine

THE PUBLIC HEALTH NURSE has granted a section to the Red Cross Bureau of Public Health Nursing under the editorship of the Director of the Bureau, to be devoted to the activities and developments of that Bureau.

The National Tuberculosis Association does not at this time suggest a depart-

ment in the magazine devoted exclusively to tuberculosis, but suggests that a reasonable amount of space be given to the consideration of tuberculosis nursing and other phases of the tuberculosis movement.

II. *Recruiting*

The Red Cross hopes to join with the national nursing organizations in a program for recruiting student nurses. The National Tuberculosis Association recognizes that this is distinctly a function of the nursing organizations.

III. *Employment*

Believing that there are many advantages to be secured through a national clearing house of employment which would serve also as a directory of information, the National Organization for Public Health Nursing will endeavor to accomplish this for Public Health Nurses as a part of the activities of the proposed joint nursing headquarters. It is understood that while all credentials would be obtained by such a clearing house, placements would continue to be made through the various existing agencies. The Red Cross, because of its great demand on the supply, will appoint its own representatives to the Executive Staff of the Clearing House.

IV. *Analytical Studies*

All three organizations are free to conduct analytical studies of various typical and atypical pieces of machinery for the purpose of determining standard methods of organization, practice and technique, but will consult each other in planning these studies in order to avoid duplication and to take advantage to the fullest extent of the facilities and fields each can offer for this purpose.

V. *Legislation*

The National Organization for Public Health Nursing and the National Tuberculosis Association will seek to create public opinion in favor of, and assist in,

the enactment of suitable public health nursing legislation, such as the appropriation of public funds for public health nursing and the creation of division of public health nursing within State Departments of Health. The Red Cross endorses this broad endeavor but prefers not to take part in efforts involving legislation.

VI. *Machinery for Coördination*

1. Joint Consultation Committee.

The Executive Secretary of the National Organization for Public Health Nursing, the Director of the Bureau of Public Health Nursing of the Red Cross and the Secretary for Nursing of the National Tuberculosis Association will form a joint consultation committee. This committee will meet frequently for conference relative to problems and projects confronting or contemplated by any one of the three.

2. Exchange of memoranda regarding new programs or changes in policy before putting the same into action.

3. State Committees on Public Health nursing.

The Red Cross, the National Organization for Public Health Nursing, and the National Tuberculosis Association favor and will endeavor to create State Committees on Public Health Nursing representing generally the three organizations and the State Department of Health, and may include other State organizations and State agencies engaged in, or responsible for, promoting public health nursing activities. Such a committee will have no administrative responsibility for, but will concern itself with, the advance-

ment of public health nursing in the State through the stimulation of public opinion, through interpretation and advice, and through the promotion of coördination.

It is mutually understood that no changes will be made in the procedure outlined in this agreement without the full considera-

tion of the three participating agencies.

(Signed)

American Red Cross,

By S. C. Munroe.

National Tuberculosis Association

By C. J. Hatfield, Managing Director.

National Organization for Public

Health Nursing,

By Katherine Tucker, President.

—o—

IN A WARD

O wind that tosses free
 The children's hair
 Scatters the blossom of
 Apple and pear;
 Blow in my heart, touch me,
 Gladden me here.
 You have seen so many things,—
 Blow in and tell
 Tales of white sand and golden
 'Gainst the sea swell,
 Bring me fine meadow-thoughts,
 Fresh orchard smell.
 Here we must stare through glass
 To see the sun—
 Stare at flat ceilings white
 'Till day is done;
 While you, sunshine, starshine,
 May out and run.
 Blow in and bring us all
 Dear home-delight,
 Green face of the spring earth,
 Blue of deep night,
 Blot with your health our faces
 From each other's sight.

—Ivor Gurney,
 London Spectator.

Organization Activities

NEW YORK OFFICE

Ella Phillips Crandall, Ex. Sec'y.

One of the features of outstanding interest in this month's work is the conference with representatives of the Red Cross, the National Tuberculosis Association and this Organization for the purpose of arriving at a working agreement. The conference was held on December 5th and resulted in a cordial and complete understanding. Various conferences have been held contributory to this one during the month, which have led to the final acceptance of the agreement which is printed elsewhere in this issue of the magazine. We are sure that all our members, as well as those of the other associations will feel that this achievement calls for heartiest congratulations to all of the participating organizations and to their representatives throughout the country.

Three conferences signifying a serious purpose of better coördination of effort in the field of Child Hygiene were also attended by the Executive Secretary in behalf of this Organization. Two were called by the National Child

Health Organization and one by the Child Welfare Association at the request of Judge Ben Lindsey. The latter will lead to a larger and more formal conference to be held in Cleveland at the time of the sessions of the National Education Association's Superintendents' annual convention.

The Executive Secretary also attended the educational conference of this Organization held in Cleveland on December 31st.

The entire executive staff welcomes to active duty Miss Janet M. Geister who has now arrived at Portland, Oregon, after spending December visiting all the other offices of the Organization in order to thoroughly acquaint herself with their respective activities and means of work.

They also welcome most cordially Miss Ellen Hale who is well known to many members of the National Organization for Public Health Nursing as a director of the Boston Instructive District Nursing Association. Her admirable direction of the nursing legislation program in Massachusetts during the past two years made

her a most logical candidate for the chairmanship of the Legislative Committee of this Organization. When it was found to be possible to have her join the staff as an active chairman, working with the Associate Secretary, the officers of our Organization felt deeply gratified.

The National Organization for Public Health Nursing is honored by a request from Dr. William Charles White of Pittsburgh and Miss Mary S. Gardner to receive one or more foreign students who are candidates for an International scholarship created for the purpose of studying public health nursing in America. The first student to arrive is Mlle. Odette de Bouglan who comes from France and landed in this country December 30th. She was greeted on board vessel by representatives of this Organization, and met at the pier and taken directly to Henry Street Settlement where she was most delightfully entertained for a few days, pending her departure to Providence, R. I., where she will begin a study of the work of the Providence District Nursing Association and its relation to social service agencies. It is expected that she will spend not less than eight months in this country, during which time she will visit various city and some rural associations in different parts of the country.

The Associate Secretary attended a meeting of the New Jersey Sanitary Association, in the absence of the Executive Secretary, and read a paper prepared by the latter entitled, "Developments in Public Health Nursing during the War and Reconstruction Periods."

A considerable amount of her time was devoted during the month to the supervision of the preparation of the motion picture film which the Organization is producing in coöperation with the New York State Department of Health.

The Associate Secretary's preparation for her special work in connection with the promotion of state committees on public health nursing is complete, and active work will begin in January.

Membership

The Membership Report for December is as follows:

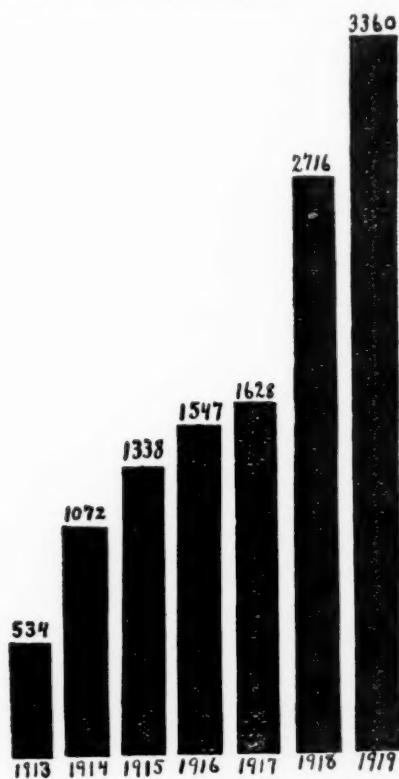
Total members Nov. 30, 1919.....	3,300
Members added	70
Withdrawn—deceased	1— 69
	—
	3,369

Number of applicants..... 130
Increase in the various classes of membership:

Active 70

A record number of applications for membership received in one day is 52, the number reaching the office one day recently.

The accompanying chart shows the growth of the membership in the National Organization each year, from its foundation in 1913.



A Request to Members:

Below is published a list of members of the Organization whose mail has been returned. Any information in regard to the present location of these members will be welcomed by the Membership Secretary, Miss Pearl Braithwaite, 156 Fifth Avenue, New York.

MEMBERS WHOSE MAIL HAS BEEN RETURNED

*Last address on file
in New York.*

Name.
Atkin, Lillian...Fort Leavenworth, Kan.

Atkinson, Alice.....Camp McArthur,
Waco, Texas
Beauchamp, Linnie.....Memphis, Tenn.
Bishop, Mrs. Margaret...Chariton, Iowa
Bisset, Mary.....Dallas, Texas
Boyd, Elizabeth.....Chicago, Ill.
Boyd, Frances F.....Cairo, Ill.
Brennan, Jennie G.....New York City
Burrow, Harriet G.....Philadelphia, Pa.
Burrus, Idel M.....Chicago, Ill.
Cannon, Elizabeth.....New York City
Carhart, Josephine.....New York City
Carroll, Dorothy.....East Chicago, Ind.
Clifton, Matilda A.....Philadelphia, Pa.
Conover, Alice.....New York City
Crawford, Emma W.....Chicago, Ill.
Criley, Martha L.....Kansas City, Mo.
Curtis, Mildred B.....Trinidad, Colo.
Darrow, Hazel Luella...Greenfield, Mass.
Donner, Eunice.....New Orleans, La.
Dorsett, Eva.....Newark, N. J.
Ellis, Meta J.....Cleveland, O.
Ewing, Mrs. J.....Little Rock, Ark.
Farmer, Katherine.....Akron, Ohio
Ferguson, Marg. B...White Plains, N. Y.
Fullerton, Serena Berg,
Minneapolis, Minn.
Furman, Ida Scott.....Bayonne, N. J.
Gerstine, Bessie N.....Philadelphia, Pa.
Green, Minerva.....Philadelphia, Pa.
Haag, Mary E.....Houston, Texas
Hellams, Roberts B...Montgomery, Ala.
Hillyer, Grace.....St. Louis, Mo.
Hines, Marion A.....Waterbury, Conn.
Hodges, Elizabeth.....Chicago, Ill.
Hoffman, Frances.....Cleveland, Ohio
Hughes, Margaret M.....Helena, Mont.
Hummel, Emily.....Philadelphia, Pa.
Hunt, Elizabeth.....Louisville, Ky.
Kalb, Hilda M.....Racine, Wis.
Keller, Mrs. Elizabeth...W. Helena, Ark.
Kelly, Veronica.....Washington, D. C.
MacDonald, Mary Teresa...Oneida, N. Y.
Manague, M. P.....Tacoma Park,
Washington, D. C.
Manskee, Martha E.....Chicago, Ill.
Maskill, Caroline.....Philadelphia, Pa.
McBridge, Fay.....Chicago, Ill.
McCollins, Stella.....Chicago, Ill.
Miller, Ethel.....Philadelphia, Pa.
Miner, Mrs. Jessie E.....Charleroi, Pa.

MacKay, Jessie.....Waterbury, Conn.
Munger, Fay.....Chicago, Ill
Perreault, Henrietta...Rhinelander, Wis.
Porter, Edna D.....San Francisco, Cal.
Raccosta, Amelia M.....Newark, N. J.
Roche, Ethel G.....Whitesville, Mass.
Rogers, Anna L.....Augusta, Ga.
Roland, Bessie E.....Wauwatosa, Wis.
Seymour, Mary Eliz.....Cleveland, Ohio
Shockley, Della.....Kansas City, Mo.
Smith, Marion P.....Wickford, R. I.
Spitzer, Mrs. Eliz.....Newport, Ark.
Stephens, Flora H.....New York City
Streby, Carrie.....Philadelphia, Pa.
Stuntz, Ida May.....Fort Worth, Texas
Treffrey, Villa M.....Greenville, S. C.
Tuffs, Sarah L.....New York City
Tullar, Phoebe R.....Detroit, Mich.
Venman, Ethel L.....Cleveland, Ohio
Volkman, Louise A.....Chicago, Ill.
Westerman, Grace E., Newport News, Va.
Wing, Eda R.....St. Paul, Minn.
Young, Edith.....Ashland, Wis.
Collins, Jessie H.....In France
Foster, George P.....In France
MacDonald, Irene.....In France
Phelan, Marie.....In France
Spanner, Bessie B.....In France

Occupational Department

During the month of December, 6 new applications have been received from nurses seeking positions, and requests for nurses have been received from 31 associations. Three positions were filled, one in New Jersey, one in New York and one in Kentucky. Twenty-seven nurses were recommended to positions.

Educational Department

Though the Educational Secretary spent most of the month of December in the New York office, the month was one full of significance in the Educational Committee work. The first few days were spent in Richmond visiting the

school there, and talking over with the leaders various changes in policy. During the month a Director-teacher was secured for the course in Louisville, and word was received that final arrangements had been made to open the Texas course at the University on January 10th. Word has come to us of the desire for a course in Portland, Oregon, which will be followed up later, and a visit was paid to Albany, N. Y., to plan with the State Board of Health and local agencies for a possible course there within the coming year. Another State Board of Health sent us a request for a set of questions for State civil service examination, and we were able to furnish them as we did to a far western State the month before. A request was also received from the University of Pittsburgh for a Director for a course, which will probably be opened within a year.

The most significant and important activity of the month was the Conference of Course Leaders, in Cleveland on December 30 and 31. Every course in the country but one was represented by one or more teachers. Question of admission requirement, curriculum, teaching method, field work supervision, in fact pretty nearly every feature of conducting a course was discussed. On the second day special attention was paid to the question of a teaching district, Miss Belle Sherwin of Cleveland giving a brief talk on the financial aspect of the problem, and Miss Evans

and her teaching supervisors each speaking on some one other aspect of such a district, and its operation. In the afternoon we visited the Cleveland Teaching District and were given a delightful social hour by the Committee. A fuller account of the conference discussion will appear next month.

Publicity Department

Owing to a delay necessitated by our decision to include in the two-reel film, "An Equal Chance," some scenes showing the work of the Public Health Nurse in the demonstrations conducted jointly with the Children's Bureau on the Wind River Reservation in Wyoming and in St. Mary's Parish, Louisiana, the film will not be completed until February first. A folder describing the film and quoting terms of sale and rental will shortly be sent out.

The booklet, "The Foster Mother of the Race," and the folder entitled "The Nurse in Industry" will be ready for distribution by February 1st.

The organization manual "Suggestions for the Coöperation of the National Organization for Public Health Nursing with State Public Health Nursing Committees," is now available.

A number of State Health Departments are coöperating in the distribution of propaganda, the demand for which is increasing.

A number of news stories and special articles have been released during the month of December.

A number of requests have been received concerning the possibility of issuing a special edition of the sticker stamps with the imprint of a local nursing association. This requires a slight modification of the original drawing and a new plate, costing approximately \$25.

Library Department

Early in December, Miss Ada M. Carr came to the Library to take over the magazine end of our work. It has seemed quite important that our book reviewing and bibliography work should be developed in a more definite form for the coming year than has been possible during 1919, also that the Library undertake to supplement the activities of the Educational Secretary in every possible way, so that we are more than fortunate in having Miss Carr as our new staff member to plan and organize this part of our Library expansion.

On December 23rd the Librarian went to Washington for a conference with Miss Elizabeth Fox and Miss Birdsong to discuss ways and means of Library coöperation between the National Organization for Public Health Nursing and the Public Health Nursing Division of Red Cross. Miss Noyes was present for some of the discussion, also Miss Ellen Babbitt, who is planning the publication of a child welfare magazine. Our scheme of extension work through State Library Centers was explained, and our 1920 program of work outlined, with a full discussion of

magazine and reprint possibilities as aids to rural nurses. In conceding the Library work to the National Organization for Public Health Nursing, the Red Cross asked that we keep them informed of all interesting developments of our work.

A tentative bibliography of reprint material was made by Miss Carr for Mrs. Haasis' use at the Course Leaders' Conference in Cleveland. Later, this bibliography will be amplified and put in form for circulation to nurses and State Library Centers.

Students from Teachers' College made constant use of the Library the last two weeks of the month in preparation of their papers on Public Health work of New York City.

(For further library material see Book Reviews and Digests.)

MIDDLE-WESTERN OFFICE
Katherine Olmsted, Extension Sec'y.

The first two weeks of December Miss Olmsted spent in Poughkeepsie and New York City, devoting her time to assisting in the production of the public health nursing film, "An Equal Chance."

On December 30th, Miss Olmsted and Mr. Goebel, the photographer, started West to get pictures of the nursing work being done in Wyoming. These pictures will probably be most spectacular as the snow has drifted above the telegraph wires in many places. The temperature is reported as varying between 35 and 54 de-

grees below zero. However, Miss Linda Miers, the nurse in charge of the work in Fremont County, is still caring for her patients, going on horseback and by sleds, and pictures of public health nursing under such conditions will add much to the new film.

Among important developments of the month is the formation of a Nursing Committee, composed of members of ten prominent Chicago hospital staffs, with a finance committee of successful business men with a budget of \$8,000.00 already in sight and a plan rapidly developing which will draw prominent nurses, doctors and lay people together in an active campaign to encourage young women to enter training schools. The committee is anxious to secure the closest coöperation of the National Organization for Public Health Nursing, and a proposition has been made asking the loan of a Secretary for at least six months to develop the work. There is also a possibility that the committee and Middle-Western Office may use joint offices and secretarial staff.

Miss Olmsted attended two conferences held in the offices of the Elizabeth McCormick Child Welfare Association; one with nurses and social workers, another with representatives of the Woman's Civic League, on the subject of better school nursing in Chicago and reports of activities of the committee now making a study of

Public School Nursing in Cook County.

The Louisiana Demonstration has been completed. The local Red Cross has taken over the work until the Police Jury are able to make an appropriation large enough to cover the expenses.

Miss Coale, who has carried on the work for the past six months, has accepted a position as State Supervising Nurse with the Louisiana Health Department and Miss Mims is continuing Miss Coale's work in St. Mary's Parish.

During the month of December, the occupational work of the National Organization for the Middle-West and Far West has been taken over by the Middle-Western Office. Later, after necessary equipment and staff are ready in the Portland office, Miss Geister will undertake the occupational work for the western States.

Several conferences were held with Miss Geister concerning boundary lines which were marked out as follows:

Eastern District: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, New Jersey, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida, District of Columbia.

Middle-Western District: Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, Arkansas, Louisiana, Texas, Ok-

lahoma, Kansas, Nebraska, North Dakota, South Dakota, Colorado, New Mexico.

Western District: Montana, Wyoming, Utah, Arizona, California, Nevada, Washington, Idaho, Oregon.

FAR-WESTERN OFFICE

Janet M. Geister, Far-Western Sec'y.

Miss Geister spent the month of December in preparation for her work in the Far West. The first sixteen days were spent in the New York Office, one and a half days in Cleveland, and the remainder of the month in the Chicago office.

In the New York office frequent conferences were held with the heads of the various departments, in order to obtain the fullest possible acquaintance with the work of each secretary. The literature available for nurses was studied, in order that it might be freely discussed with nurses in need of it. A copy of all literature was provided, conveniently arranged in a portfolio.

In Cleveland Miss Annie Brainard, Miss Josephine Smith, and Miss Cecilia Evans made the stay profitable and exceedingly interesting. With the two former the relationship of the Far Western office with the magazine was discussed, and Miss Evans gave a general outline of the work of her department at Western Reserve University and talked over public health nursing in general.

In the Chicago office frequent

conferences were held with Miss Olmsted and Miss Thomson. A lecture was given to the Public Health Nurses at the School of Civics, on the subject of rural nursing.

The Far Western Secretary wishes to express her appreciation to the staffs in the New York and Chicago offices and that of *THE PUBLIC HEALTH NURSE*, in Cleve-

land, for the courtesy and consideration shown her while preparing for her new work. She received a hearty welcome and a warm coöperation from every department, and has been made free to call on any one for any needed assistance. She carries with her a warm impression of the enthusiasm and loyalty that is reflected in the entire staff.

Red Cross Public Health Nursing

EDITED BY ELIZABETH G. FOX

THE DEVELOPMENT OF THE RED CROSS BUREAU OF PUBLIC HEALTH NURSING

The National and Division Directors of the Red Cross Bureau of Public Health Nursing have felt for some time that Public Health Nurses and those interested in public health nursing would like and should have an opportunity to know of the policies, plans and progress of the work of the Bureau since it undertook its new and broader program. Its activities are part and parcel of the whole scheme for the promotion of public health nursing in this country, and are closely related and supplementary to all other undertakings in this field. Because of this close relationship, it seems reasonable and desirable that the Bureau's history should be told, its development currently recorded, and its plans and problems discussed in the pages of this magazine which is the official chronicle of Public Health Nursing activities, rather than in a separate monthly bulletin published by the Red Cross. The National and Division Directors of the Bureau and the nurses in the Red Cross Public Health Nursing Service, therefore, are deeply pleased and grateful, and count it great good fortune that THE PUBLIC HEALTH NURSE

has created a section to be devoted to the activities of the Bureau. The Editor of the new section hopes through this medium to make it possible for all interested to know exactly what the Bureau is doing and the relation of its activities to other undertakings in the same field.

In order that the activities of the Bureau may be understood, it is necessary, for the sake of those who are not familiar with its history, to rehearse the steps which led up to its expansion and present program. Public health nursing, like many social developments of recent years, had its origin in the large city, spreading slowly from one city to another and from city to town, but not expanding to any extent at first to small towns, villages, and the open country. Only in the years immediately preceding the war, had there begun to be an active appreciation of the need of extending the advantages of public health nursing beyond the larger centers. The attention of many students and leaders of American affairs was shifted from the study of the development of city life to that of country life. They were quick to discover, that among other elements of neglect, one of the most serious was the lack of provision for the preservation of health and care of the sick. At

the same time, National and State agencies, both public and private, concerned with health problems were also discovering these great gaps in their systems for maintaining high standards of health and were giving much thought to ways and means of filling them. State tuberculosis associations in many States and State departments of health in a few began to extend public health nursing to the people in the smaller towns and the country and were making fair headway. And then the war came and a large part of the trained personnel necessary for the execution of these plans was drawn into war work, thereby seriously crippling their fulfillment for the time being. At the same time the need for extending health machinery and increasing the number of health workers all over the country was greatly accentuated by war conditions, and as soon as possible emergency plans to fill these needs were set going.

For five years before the war the Red Cross also was engaged in promoting rural nursing through its Town and Country Nursing Service. Having for the most part a quite uncultivated field in which to labor, this service progressed but slowly. Though the number of services under its direction never exceeded one hundred at any one time and the work consequently never reached impressive proportions, its influence was much in excess of its size and it played a valuable part in the early days

of rural nursing. During the war a number of new activities came under its direction. Since the old title, the Town and Country Nursing Service, did not fit these new phases of work it was changed to the more appropriate one of the Bureau of Public Health Nursing.

Out of the experiences of the war and of the country during the war grew certain great primary lessons of more universal and convincing value than could perhaps have been taught by all the educational work of all the health agencies together before the war. It is unnecessary here to recite these lessons, since they are known to all. As a result of them, at the close of the war there existed throughout the country a lively awareness of the present inadequate distribution of public health nursing, an acute consciousness of the universal need for it and a widespread demand for Public Health Nurses.

A year after the armistice, we found, in taking stock of the situation, that there were two States in which there was a mandatory law compelling every county to have a Public Health Nurse; that in sixteen States there were permissive laws enabling the counties to use county funds for public health nursing if they chose so to do; that in fifteen States there were State supervising nurses employed by the State Departments of Health as directors of bureaus or divisions of public health nursing, whose functions were to promote public

health nursing in the counties and to get county officials, county funds and county interest back of a public program for public health nursing. According to Miss Water's figures there were four States, Massachusetts, Connecticut, Rhode Island and New York, in which there was one Public Health Nurse to every four or five thousand people. Dr. C. E. A. Winslow says the standard should be one to every two thousand. From the high standard of these four States the ratio decreased rapidly, the lowest being one Public Health Nurse to one hundred and eighty thousand people in Mississippi. Wyoming had only two Public Health Nurses, Nevada three, Utah, outside of Salt Lake City, none. So rapidly in the last few months, however, has rural nursing progressed that no doubt these figures are already out of date.

At the same time the country was covered with "ready-made" groups of workers in Red Cross Chapters. These workers were disciplined by continuous and exacting war duties. They had learned to get together for a common purpose. They had shared in the responsibilities of the nurse and had felt the exhilaration of serving others in a big cause. Their war duties were drawing to a close, but for many of them the spirit of service remained and could be put to use in community activities.

With this machinery and this

spirit ready at hand, and a great need existing throughout the rural parts of our country for public health nursing, the Red Cross was in a position to make a great contribution to the welfare of the people of the nation by setting the Chapters to work to promote this activity in territories which otherwise might not be able to introduce it for some time to come. In so doing the Red Cross would simply be extending its traditional duties of saving life, mitigating suffering, preventing unnecessary disease and fortifying physical stamina.

The Red Cross, therefore, soon after the armistice undertook to encourage the organization of public health nursing widely throughout the country, and especially in the country, through the instrumentality of its Chapters.

In working out the plans for the conduct of this work, consideration was immediately given to the facts that the Red Cross was not alone in the field. That many other agencies, national, State and local, public and private, were engaged in promoting some one or more branches of public health nursing, and that much good work was already underway. These agencies were attacking the need from various angles, none of them with complete programs or with any immediate expectation of meeting the whole need. There seemed to be no probability that all of them working together would be able to meet more than part of the great need of rural communities for

some time to come. The Red Cross proposed to supplement the work of these agencies by bringing assistance to rural people until governmental agencies could more nearly take care of them.

In consequence the Red Cross adopted certain guiding principles to govern its participation in the development of public health nursing:

"Recognizing the priority of other agencies in this field and the good work they are doing, the Red Cross does not seek to supplant or compete with them but will undertake to supplement their activities by assisting legitimate public health nursing agencies and by establishing or by working with other agencies to establish community nursing services where none now exist.

"The Red Cross believes that in time public health nursing will be conducted as a public service by municipalities, counties or States. Accordingly it does not seek to retain permanent support and supervision of these activities; and, after having made the demonstration, awakened public interest and secured public support, it will welcome State, county or municipal support and responsibility. The Red Cross seeks to get the work well established with the ultimate purpose of securing the widest possible development of public health nursing through properly constituted State and local authorities.

"The Red Cross is convinced that home nursing care, which usually is not included in the programs of public departments, is a fundamental and important part of any complete nursing service and will endeavor to include it wherever possible in any community nursing service it may establish.

"It is not the purpose of the Red Cross to undertake to inaugurate or supervise a nursing service in large towns and cities where the work is already estab-

lished and the people well informed in public health nursing principles and procedures, but rather to strengthen and reinforce the organizations already at work. The great fertile field for Red Cross endeavor lies in the country and small towns where the establishment of community nursing services is a new and untried undertaking and where trained advice and supervision are welcome."

The first step in expansion was decentralization. The Old Town and Country Nursing Service was managed entirely from Headquarters as it had its beginning long before the Red Cross decentralized. But with this greatly enlarged program it was necessary immediately to set up a Bureau of Public Health Nursing in each of the thirteen Red Cross Divisions and to secure Public Health Nurse directors for these Bureaus. These Directors soon found it necessary to enlarge their staffs. The present entire Bureau staff at Headquarters and in the thirteen Divisions now has 57 members as follows:

Headquarters:

Miss Elizabeth G. Fox, Director, Bureau of Public Health Nursing.

Miss Katherine Holmes, Assistant Director

Miss Charlotte Van Duzor, Assistant to Director.

Miss Nellie Birdsong, Assistant to Director.

New England Division:

Miss Elizabeth Ross, Director, Bureau of Public Health Nursing (also Director of Department of Nursing).

Miss Pansy Besom, Assistant Director.

Miss Elizabeth Robison, Field Supervisor for New Hampshire.

Miss Mary Van Zile, Field Supervisor for Maine.

Miss Elizabeth Van Patten, Field Supervisor for Vermont.

Atlantic Division:

Miss Anna Ewing, Director, Bureau of Public Health Nursing.

Miss Katherine Hays, Field Director.

Miss Julia Smith, Field Director.

Miss Ellen Thomas, Field Director.

Pennsylvania-Delaware Division:

Mrs. Florence Downing, Director, Bureau of Public Health Nursing.

Potomac Division:

Miss Nellie Oxley, Director, Bureau of Public Health Nursing.

Miss Blanche Webb, Field Supervisor for Virginia.

Southern Division:

Miss Jane Van de Vrede, Director, Bureau of Public Health Nursing (also Director, Department of Nursing).

Miss Virginia Gibbes, Field Director.

Miss Ruth Adamson, Field Director.

Gulf Division:

Miss Estelle Coale, Assistant Director for Louisiana (will also be State Supervising Nurse for State Department of Health of Louisiana.)

Miss Nannie Lackland, Assistant Director for Mississippi (will also be State Supervising Nurse for State Department of Health of Mississippi).

Lake Division:

Miss Lota Lorimer, Director, Bureau of Public Health Nursing (also Director, Department of Nursing).

Mrs. Elizabeth August, Assistant Director for Ohio.

Miss Mary T. Jackson, Assistant Director for Kentucky.

Miss Ina Gaskill, Assistant Director for Indiana.

Central Division:

Miss Minnie Ahrens, Director, Bureau of Public Health Nursing (also Director, Department of Nursing).

Miss Marie Phelan, Associate Director.

Miss Stella Fuller, Assistant to Director.

Miss Isabel Gallagher, Assistant to Director.

Miss Marie Gannon, Educational Secretary.

Miss Lucy Ramstead, Field Director.

Miss Mary Mackay, Field Director.

Miss Isabel Caruthers, Field Director.

Miss Elba Morse, Field Director.

Northern Division:

Miss Eva Andersen, Director, Bureau of Public Health Nursing (also Director, Department of Nursing).

Miss Anna Weum, Assistant to the Director.

Miss Mary Muckley, Field Supervisor for Minnesota.

Miss Nell Peterson, Field Supervisor for South Dakota.

Miss Margaret Hughes, Field Supervisor for Montana.

Southwestern Division:

Miss Anna Stanley, Director, Bureau of Public Health Nursing.

Miss Laura Neiswanger, Field Supervisor.

Miss Mary Tobin, Field Supervisor.

Miss Freda Dixon, Field Supervisor.

Miss Linnie Beauchamp, Field Supervisor (also will be State Supervising Nurse for State Board of Health of Arkansas).

Mountain Division:

Miss Olive Chapman, Director, Bureau of Public Health Nursing.

Miss Magdalene Banzhoff, Field Supervisor for New Mexico.

Northwestern Division:

Miss Emma Grittinger, Director, Bureau of Public Health Nursing.

Pacific Division:

Miss Mary L. Cole, Director, Bureau of Public Health Nursing.

One of the immediate steps was that of carrying the Red Cross policies of coöperation into effect and of establishing friendly, workable and helpful relations with the various State Departments of Health and State Tuberculosis Associa-

*See also list below.

tions. A set of principles for the coöperation of the Red Cross with these two State agencies was drawn up by the Red Cross in consultation with the Executive Committee of State Health Officers and the National Tuberculosis Association and was accepted by them. These principles were followed in the joint working plans that were subsequently worked out in a number of States.

The object everywhere was to obtain the best possible coördination of State activities for the purpose of developing public health nursing in the State according to a single plan; and of taking advantage to the fullest extent and with the greatest harmony of the opportunities possessed by all State agencies engaged in promoting public health nursing. In certain States it was possible to arrange to have the State supervising nurse carry on Red Cross public health nursing activities also, thus giving her the dual role of State Supervising Nurse for the State Department of Health and Assistant Director for that State of the Red Cross Division Bureau of Public Health Nursing. The following State directors are acting in this capacity, and a similar arrangement will probably be brought about in other States:

Connecticut.....Miss Margaret Stack
West Virginia.....Mrs. Jean Dillon
North Carolina.Miss Rose Ehrenfeld
South Carolina.....Mrs. Ruth Dodd
Alabama.....Miss Jessie Marriner
Ohio.....Miss Hulda Cron
Texas.....Mrs. Ethel Parsons

Washington....Mrs. Elizabeth Soule
Oregon.....Miss Jean Allen

With the possibilities of confusion, duplication and wasted effort between the National Organization for Public Health Nursing and the Red Cross Bureau of Public Health Nursing and the National Tuberculosis Association increasing daily, an understanding of the functions and plans of each and a working agreement became necessary. A conference of these three bodies was held in the early winter, resulting in a very satisfactory and practical plan for reciprocal relations and joint action, a statement of which appears elsewhere in the magazine. This agreement opens the way to harmony and mutually beneficial development.

The Division Bureaus of Public Health Nursing were no sooner created than they became actively and enthusiastically engaged with the development of public health nursing among their Chapters. They had to carry to all their Chapters the information that here was a need right at their doors to which they might turn their efforts and the knowledge of how to set about to meet it. They had to enlist the interest, and the intelligent, sustained support of the Chapters in this project of undertaking to organize and maintain a public health nursing service. As an immediate corollary they had to find Public Health Nurses to fill the positions which immediately began to spring up, or to interest other nurses in securing the necessary

preparation to fill these positions. This latter proposition was much harder than the first. Hundreds of Chapters received with great interest and zest the information that under certain conditions they might engage in public health nursing and were eager to get under way at once. Their demands speedily out-ran the supply, and the Division Directors had to turn from stimulation to restraint. At the time of decentralization in March, 1919, there were 99 nurses in the Red Cross Public Health Nursing Service, and 90 services. November 31st, 1919, nine months later, there were 472 nurses and 421 services, and these numbers could have been doubled had there been more Public Health Nurses available. At a recent conference at Washington the Division Directors stated a potential need of 1600, and a pressing need of 1000 Public Health Nurses in the next six months to keep up with demands of the Chapters.

It very early became evident that the number of Public Health Nurses was quite insufficient to keep up with the possible positions, and the Red Cross had to take up the problem of increasing their number. One way of doing this was through making post graduate preparation for public health nursing possible for many more nurses by granting them scholarships. Hundreds of nurses returning from foreign service were likely to be interested in such preparation, but were more likely to have no funds or insufficient

funds for this purpose. A national scholarship fund of \$100,000 was accordingly appropriated by the National Red Cross. This made possible the awarding of 251 national scholarships. In addition to these national scholarships 155 more were granted by Chapters, making a total of 406 nurses assisted to become Public Health Nurses through Red Cross scholarships.

At the end of the first year of its expansion, the Bureau finds on the credit side of its sheet the completion of its own reorganization and machinery; the accomplishment of working relations with other National and State bodies engaged in promoting public health nursing; the clearing of the way for this accomplishment in the remaining States through the adoption of mutually accepted guiding principles; the increasing of the supply of Public Health Nurses through four hundred or more scholarships; the establishment of 421 new nursing services; and the assistance of many existing public health nursing agencies in towns and cities. On the debit side appear many hundred embryonic services unable to be born because there are no Public Health Nurses available to bring them to life. That the supply of nurses may be greatly increased before these potential services are still born, is the greatest anxiety at present of the National and Division Bureaus of Public Health Nursing of the Red Cross.

News From the Field

A NEW TUBERCULOSIS ASSOCIATION.

The anti-tuberculosis work for New York City which, for the past seventeen years, has been thoroughly and energetically carried on by the Committee on the Prevention of Tuberculosis of the Charity Organization Society, has been taken over by a new and larger corporation, the New York Tuberculosis Association, Inc. All the members of the old committee including such prominent workers in the tuberculosis field as Dr. Hermann M. Biggs, State Commissioner of Health; Dr. Royal S. Copeland, Health Commissioner of New York City; Mr. Lee K. Frankel, Dr. S. S. Goldwater, Mr. Thomas W. Lamont, Dr. S. A. Knopf and others are members of the Board of Directors of the new association.

The objects of the association are: The study of tuberculosis and of the means of preventing it; the dissemination of knowledge as to the nature of the disease, its causes and the methods of its prevention and its treatment; the promotion of adequate facilities for the prevention of tuberculosis and for the care, treatment and economic rehabilitation of persons afflicted therewith, and the coördination of the work of public and private agencies engaged in any of the foregoing activities.

Dr. James Alexander Miller is the president of the association and Mr. Homer Folks is the vice-president. Dr. John S. Billings, long connected with tuberculosis work in New York City, is the director.

A broad program of education, publicity, preventive work among children, of home treatment and after-care, coördination of existing clinics and of relief agencies, will be developed by experienced secretaries. A novel addition, in coöperation with the Federal Vocation Board, will be the opening of a workshop where, under the best sanitary conditions and medical supervision, arrested cases of tuberculosis will be restored to productive capacity under healthy surroundings.

Among the secretaries so far appointed are: Mr. G. J. Drolet, statistician; Miss Gretta Jones, relief organizations; Mrs. Josephine Toering, tuberculosis dispensaries; Mr. E. C. Rybecki, labor; Mr. David Ryan, publicity.

THE PHYSICAL EDUCATION OF SCHOOL CHILDREN

A tentative outline of a State Law for Physical Education has been drawn up by Thomas A. Storey and is suggested for use in planning legislation for the physical education of school children.

A publication entitled "Recent

State Legislation for Physical Education," Small and Storey, outlines the "Principles That Should Go into a Model State Law." This may be obtained from the United States Bureau of Education, Washington, D. C.

SOME RESULTS OF PUBLIC HEALTH EFFORTS

In the "Statistical Bulletin" of the Metropolitan Life Insurance Company, the first issue of which was published in January, the statement is made that "From the health standpoint, the year 1919 has been one full of agreeable surprises." An investigation of the records for policy holders "shows an unusually low prevalence of such diseases as tuberculosis, typhoid fever, measles, whooping cough, diseases of the heart and kidneys, diarrheal complaints and of accidents."

The following figures, which are given in support of the above statement, are of interest:

"The total death rate per 1,000 policy-holders declined from 15.5 in 1918 to 10.4 in 1919, a reduction of 33 per cent. Compared with 1911, the 1919 rate shows a reduction of 17 per cent. Tuberculosis of the lungs during the year just closed was 33 per cent lower than in 1911. Typhoid fever shows a decline of 69 per cent. in the rate since 1911. The four important diseases of childhood—measles, scarlet fever, whooping cough and diphtheria—together show a decline of 49 per cent. in eight years. All of these are remarkable figures and bear testimony to the beneficent effect of the public health work which has been carried on in American communities during recent years.

It is interesting to note, in con-

junction with the above figures, that, according to a recent statement of Surgeon General Blue of the U. S. Public Health Service, the general death rate in the United States during the last twenty years has declined from 17.6 to 14.2.

An International Exchange of Students

At the Cannes meetings in April, 1919, the work of the Public Health Nurse was discussed as an essential part of any good international program for public health. To further this spirit of international friendliness and coöperation, an interchange of students of nursing between the allied countries had been suggested in 1916 by Dr. William Chas. White, Chief of the Tuberculosis Commission to Italy of the American Red Cross.

For the present, several American scholarships of \$1,000 each are offered to French and Italian students, and eventually the committee offering the scholarships hopes that the exchange will be complete, students of nursing both going and coming between Italy, France, England and America. The first French candidate who has been awarded the Chalfont Scholarship, is already in America.

If those who thus pass from country to country can help to strengthen international relations by forging a small but strong link of the chain that should bind us all together, they will help public health work in all these countries; for it is only by extending the protection of good health to every

country in the world that we may hope to have healthy, happy citizens each in our own country.

Women's Universities are already exchanging scholarships between France, America and England. By our scholarships in nursing we hope to make another contribution from women to the future welfare of the nations of the world.

FRANCE'S POST-WAR ANTI-TUBERCULOSIS CAMPAIGN

France is rapidly mobilizing her resources for a great post-war campaign against tuberculosis. During the five years of war, the disease made great inroads, particularly in the devastated regions, and the beginning of a serious campaign was made while the war was still on, by the American Red Cross. The campaign has enlarged gradually, the French government has taken it up, and now the Rockefeller Foundation has decided to extend its work along this line, particularly in the Chateau Thierry and St. Quentin areas, where more than half the old population has returned to the ruined villages.

The same methods adopted by the Foundation in America will be used in the fight, and close coöperation maintained with the American Red Cross and French relief agencies. The Foundation is at present furnishing the funds for the establishment of three centers, and will provide French doctors for them. French nurses, trained by the Red Cross will work with them.

In laying his plan before the Red Cross, Dr. Bernard L. Wyatt of the Foundation stated that by establishing the work in the larger cities first, he will be able to do more good at the start with a limited organization. Later, lectures and posters, demonstrations and motion pictures will be used in an educational campaign in the small towns. More than forty French girls who have already had nurse's training have volunteered to assist in the work.

A NURSES' CLUB IN AKRON.

An organization to be known as the Olive E. Beason Club has just been established in Akron, Ohio, the objects of which are stated as follows:

1. To perpetuate the memory of Olive E. Beason, the first Director of the Division of Public Health Nursing of the Akron Department of Health.
2. To preserve and promote the high standards and morals of Public Health Nursing as created and established by her.
3. To stimulate the desire among its members for intellectual growth and development.
4. To advance home education and instruction.
5. To facilitate efficient coöperation with other organizations.

Miss Beason, who has resigned her position because of marriage, took over direction of the Division of Public Health Nursing in Akron in 1917. At that time there were but seven nurses on the staff, all doing school nursing. This staff of seven nurses had been transferred from the George T. Perkins

Visiting Nurse Association to the Akron Health Department, which at this time underwent a complete reorganization. The constant growth of the city and the many demands made on the school nurses showed the necessity of the opening of the first Health Service Station; much interest was manifested, and mothers brought their babies from all parts of the city to the clinic for examination and instruction. Four more Health Stations were opened at short intervals, and the personnel of the staff was increased.

In 1918, through the medium of the School Medical Inspection service, attention was brought to the great number of anaemic and poorly nourished children in the public schools, with the result that three open air schools are now being supervised by the staff nurses. Special provision was also made for children who were suffering from the after effects of infantile paralysis.

At the time of Miss Beason's resignation the staff was composed of 32 nurses; there are now five Health Service Stations, one Tuberculosis Clinic, one Eye, Ear, Nose and Throat Clinic, and one Women's Venereal Clinic. During the month of November, 1919, 1,046 patients passed through the Department clinics, and 4,182 calls were made by the nurses.

This successful development of the Division of Public Health Nursing was not accomplished without much difficulty; and the

affection and appreciation felt towards Miss Beason by her staff is shown by the founding of the Club which bears her name.

ANNUAL MEETING OF AMERICAN SOCIETY FOR CONTROL OF CANCER.

The Annual Meeting of the American Society for the Control of Cancer was held in New York on November 5th, 1919.

The Chairman announced that by the deeply regretted death of Dr. George C. Clark, the Society had lost its first and only President, and it therefore devolved upon the Board of Directors to elect his successor. Dr. Charles A. Powers, of Denver, Col., was chosen as the man best qualified to hold this office. When the attention of the Directors was called to the fact that Sir Arthur Newsome, the eminent British Sanitarian, was in this country on a leave of absence as Director of the School of Hygiene and Public Health of the John Hopkins University, it was thought well to invite him to become the Society's first Honorary Vice-President, and this invitation has been accepted. Mr. Frank J. Osborne has been appointed as Executive Secretary, to succeed Mr. Curtis E. Lakeman, who recently resigned to take up work abroad.

HELP FOR SUFFERERS FROM HEART DISEASE

The Association for the Prevention and Relief of Heart Disease, with offices at 325 E. 57th St., supplies the need for a central source

of information for the numerous workers in the field, the physicians, the dispensary and visiting nurses, the social workers and the school teachers. Active educational work is needed to increase the facilities in schools, in hospitals and in convalescent homes for the children and wage earners handicapped by permanently damaged hearts.

The President of the Association is Dr. Lewis A. Conner, and Dr. Haven Emerson is Chairman of the Executive Committee.

A PUBLIC HEALTH NURSE ABOVE THE ARCTIC CIRCLE.

In a letter recently received from St. John's-in-the-Wilderness, Allakaket, Alaska, the writer says: "I am serving as Visiting and Dispensary Nurse at this Mission.

... It is an isolated spot, eleven miles above the Arctic Circle, and the work is wholly among the natives."

Surely there are few parts of the world where the Public Health Nurse does not penetrate!

PUBLIC HEALTH NURSES FORM ASSOCIATION IN NASSAU COUNTY, N. Y.

The nurses engaged in public health work in Nassau County, New York, met in Mineola to form an association which hereafter is to be recognized as the Nassau County Public Health Nursing Association. The purpose of this Association is to stimulate movements pertaining to the welfare

and betterment of health conditions in Nassau County and secure mutual co-operation.

INCREASING POPULARITY OF FIRST AID CLASSES

Since the first of last January, more than 20,000 persons have attended First Aid classes organized by the American Red Cross, and of these 5,000 have completed the course and received Red Cross First Aid Certificates. In that time 965 classes have been organized.

Since 1909, First Aid instruction has spread to virtually every industry, more than half a million railroad men alone have taken the course. Mines and quarries and factories of all descriptions have taken it up, and the experience of the Red Cross shows that the accident rate among men who have received instruction in First Aid and Accident Prevention is 75% less than among the uninstructed.

"KEEPING FIT CONFERENCE"

The "Keeping Fit Conference," called by the U. S. Public Health Service, for Charleston, W. Va., on December 4th and 5th is a part of a concerted effort on the part of the Federal Government and State organizations to promote better moral and physical training for the boys of the country.

The declared aim is to reach no less than three million boys in the United States by means of picture films, slides, exhibits and lectures, and bring together every available

organization and interest in working to this end. The following organizations were invited to send representatives to Charleston:

1. Y. M. C. A.
2. Boy Scouts.
3. Boys' Club Federation.
4. Federal Council of Churches.
5. State Sunday School Association.
6. Sunday School Council of Evangelistic Denominations.
7. Catholic Church and affiliated bodies.
8. Jewish and Y. M. H. A.
9. Red Cross.
10. Chamber of Commerce.
11. Rotary Clubs.
12. Kiwanis Clubs.
13. State Board of Education.
14. State Federation of Women's Clubs.
15. Anti-Tuberculosis League.
16. State Humane Society.
17. Salvation Army, Union Mission, etc.

These conferences are being held simultaneously throughout the United States and are the direct outcome of disclosures of disability found in the army draft examinations.

The Public Health Service believes that *Prevention* is better than *Remedy* and that the best method of prevention is to keep so fit physically and mentally that disease will be almost impossible. It also believes that moral fitness is the best foundation for physical fitness and is fighting under such slogans as "Keep Fighting," "Come Clean," and "Keep Fit."

It is interesting to know that in this campaign an effort will be made to reach the girls as well as the boys, in fact, the principle

women's clubs of the State are asked to send representatives to this conference and discuss the question "Why Not the Girls?"

The following is the form of organization outlined:

1. *Organization:*

(a) An acting State Supervisor to be named by the U. S. Public Health Service.

(b) An Assistant Supervisor to be appointed; one for the campaign reaching rural boys, one for the boys in industries, and one for the high school boys.

2. *Campaign Material:*

(a) Sufficient number of slides to adequately meet the needs of the campaign.

(b) Pamphlets sufficient to reach all boys interested.

(c) Also pamphlets to reach an equal number of girls.

(d) Special slides and pamphlets for the colored race.

3. *Franking privilege extended:*

4. *Standard:*

(a) Lectures and agents of approved character and especial tact.

(b) Respect for, and a sympathetic approach to young people.

(c) Physically fit themselves.

5. *Scope:*

(a) That the effort should not cease until at least 50% of the girls and boys of the State are reached.

(b) That conservative sex education should be taught in the high schools of the State.

(c) That the community unit or local health center should be the ultimate aim.

(d) That a distinct "Keeping Fit" campaign be developed for girls.

6. *Finally:*

Believing that the future welfare of the State depends upon and must come through mature American citizenship, we soberly pledge our honor to assume whatever duties may impose upon us, in the

hope of a clean limbed, strong moraled, clear eyed, and keen minded race.

The recommendations of the Committee on reaching the rural boy, composed of Mr. Roudebush, Chairman, who has charge of the State Department of Rural Schools, Mr. Hardman, Mr. Nat T. Frame, Director, Agricultural Extension in West Virginia, and E. S. Tisdale, Director, Division of Sanitary Engineering, State Department of Health are especially interesting and are summarized as follows:

It is suggested that two or three counties be selected and that an intensive campaign be carried on among the rural school children of these counties. This will mean that probably about five thousand rural children will be reached. To handle this campaign it is recommended that all the organizations, namely, the Extension Division, Anti-Tuberculosis League, Division of Child Welfare and Public Health Nursing, Division of Sanitary Engineering, American Red Cross and Venereal Disease Department, co-operates.

In line with this work it is recommended that Dr. Lewis, the representative from Rockefeller Foundation, who is coming to work in West Virginia on rural sanitation and health organization, shall also unite with the above mentioned organizations and work co-operatively in the county selected. Further, it would seem fitting that Major Butler of the U. S. Public Health Service, who is now touring West Virginia with a dental unit, should so plan his program of work that he may come into the counties selected for this work and carry on his oral hygiene demonstration along with the intensive health survey work. This is the program as far as it concerns intensive work in a few counties, however, it is also recommended that a more general state-wide effort be made to reach the rural boys and girls. For this the Educa-

tional Department offers the rural organization of school teachers. They intend to carry on an active health program in the teaching of hygiene and sanitation in the rural schools. It is suggested that a month be set apart in which special endeavors be made through the rural schools to initiate and give emphasis to this type of work. The Agricultural Extension organization consisting of Home Demonstration Agents and Boys' and Girls' Club Agents has offered its help and is willing to co-operate in getting the message of better health and keeping fit in its largest sense to the boys and girls. No very definite program is here suggested as to how these two organizations, namely, that of Rural Teachers and that of the Extension Service shall be utilized. It is left to the committee on State Policy to determine this definitely.

The State Policy Committee met in the offices of the State Department of Health and selected Upshur County as the most representative and available county in which to start the intensive campaign as recommended by the above committee. Therefore, all co-operating organizations and influences will be combined in that county during the months of January and February, 1920.

The "Keeping Fit Conference" has merged into a general health campaign in West Virginia, through coördination of health and welfare agencies, the most active being the State Department of Health, State Anti-Tuberculosis League, Red Cross, Extension Division of the Agricultural Department and State Department of Schools. There is much to be hoped for as an outcome of this campaign.

INSTITUTE OF PUBLIC SCHOOL
HYGIENE
Cleveland, Ohio

The Cleveland School of Education with the coöperation of the Anti-Tuberculosis League of Cleveland will conduct an Institute of Public School Hygiene during the summer session for a period of six weeks beginning June 21 and closing July 30.

This school will offer unusual opportunities for medical inspectors, Public Health Nurses (school nurses in particular), school principals, teachers of hygiene and others interested in the health program of the public schools and other allied agencies, to do intensive work under the most favorable conditions and under the direction of the ablest authorities in hygiene drawn from the leading universities, medical schools, colleges, normal schools, public

school systems and health agencies. Dr. Thomas D. Wood, head of the Department of School Hygiene, Teachers College, Columbia University; Dr. C. E. A. Winslow of the Medical Faculty of Yale University; Dr. Wm. H. Burnham, Curator of the Museum of Hygiene, Clark University, and other leading authorities have already been engaged for work in the Institute.

The course of study is planned in such a way as to coördinate the activities of all agencies which are at work on the health problem. A brief announcement of the Institute is given in the advertising columns of this journal and further information may be secured by addressing Ambrose L. Suhrie, Dean Cleveland School of Education, Normal School Building, Cleveland, Ohio.

Book Reviews and Digests

BOOK REVIEWS

Sanitation for Public Health Nurses. By Hibbert Winslow Hill, M. B., M. D., D. P. H. New York. The Macmillan Company. 1919.

To those who think of a health officer as engaged chiefly in chasing bad smells and preaching the use of the scrubbing brush and whitewash, this book will be quite a surprise. The author defines sanitation as that part of public health devoted to securing the best surroundings for human life. It is surprising how many people still believe that the chief function of the municipality in promoting health is to clean streets, remove garbage, inspect plumbing, insist on whitewashing cellars, on white coats for soda clerks and white tiles in restaurants. Dr. Hill rightly says that the most dangerous part of our environment is other human beings. Disease germs come from living men, women and children, not from street dust, sewer air, and decomposing garbage. Consequently he devotes 132 of his 200 pages to a consideration of the contagious diseases and their control and his consideration of water, milk and insects is chiefly an exposition of how these serve as a medium to convey disease from person to per-

son. His chapter on "Cleanliness" and "Health" destroys many time honored theories which should have gone into the discard long ago, but unfortunately are still taught by many who pose as "sanitary authorities" and who do infinite harm by their teaching. The book is an excellent summary of present day knowledge and though the author has one or two theories all his own he frankly tells us so. Dr. Hill is a very interesting and forceful writer and he is very successful in inventing new and striking similes to make clear his points. Best of all he shakes the cobwebs out of our brain cells and makes us think. It would pay everybody to read this book.

—Charles V. Chapin, M. D.

NOTE: Dr. Hill's book is the fourth in the Public Health Nurse Handbook series, published by Macmillan, under the editorship of Miss Gardner.

Information for the Tuberculous.

By F. W. Wittich, M. D. Instructor in Medicine and Physician in Chicago Tuberculosis Dispensary, University of Minnesota Medical School. C. V. Mosby Co.

This small and practical book specially directed to the patient, will also give useful information to nurses. The chapters on Rest, Bathing, Exercise, Controlling the

Cough, and Keeping the Mind Healthy, place briefly but clearly the important points before the mind of the reader. We like the little Ralph Waldo Emerson foreword, from which we quote the first sentence, "There is one topic peremptorily forbidden to all well bred, to all rational mortals—namely, their distempers."

—A. M. C.

A Textbook of Chemistry for Nurses. By Fredus N. Peters, A. M., Ph. D. Author of "Experimental Chemistry," "Laboratory Experiments," "Modern Chemistry," etc.; formerly Professor of Chemistry and Director of Laboratories, Kansas City College of Pharmacy; Professor Organic Chemistry Hahnemann Medical College, Director of Laboratories and Professor of Chemistry and Metallurgy, Kansas City Dental College; Head of Science Department, Kansas City Central High School. Illustrated. St. Louis. C. V. Mosby Company. 1919.

"A source of real help and inspiration" is what the author of this Chemistry for Nurses hopes his book may be to the group it is intended to serve; and this it would seem the book might be, for it is written very evidently out of enthusiasm and a love of the subject and apparently with a fairly clear notion of the needs of a nurse.

Chapters are found on Water, Hydrogen, Oxygen, the Atmos-

sphere; the various Acids, Salts and Carbons, the "Families"—as Lead, etc.—Common Poisons, Symbols, Formulas, etc., and it is very practical and even obvious in the arrangement of text and tables and the "Exercises for Review" which close each chapter.

Chemistry is a huge subject and a fascinating one that no book of even as many as three hundred pages, as this is, can quite cover, but it discusses the various fields of theory, experiment and investigation in a manner rather adequate and so as to make good reading as well as for study.

A Textbook of Materia Medica for Nurses. By A. L. Muirhead, M. D., Professor of Pharmacology, Creighton Medical College, Omaha, Nebraska. Illustrated. St. Louis. C. V. Mosby Company. 1919.

The danger in a work on Materia Medica so brief as the above, "twenty-four short chapters" designed to be grasped in the "average of about twenty-four hours for Materia Medica," which its author states is the time assigned in Schedules of Studies in Training Schools for Nurses in this country is that the pupil nurse may *not* seek the "larger reference works" the author visions readily at hand and that she may find at a critical moment that her knowledge is insufficient for safety in her work. Nurses never need less but more science than they acquire. How else observe and report intelligently the phenomena of disease and

treatment, or how feel safe one's self in the exercise of one's profession? However, in the hands of a good teacher and used by a conscientious nurse, the book would be both helpful and suggestive and Doctor Muirhead has given the main essentials of his subject in a way that is sufficiently attractive to be of interest.

These books written by men in the West and published in St. Louis, indicate that other than Chicago and Eastern enterprise is entering into the field of technical book publishing. But the Great West, so splendid and so large in most things, is not wise if it accepts a standard in any way lower than these books for nursing, teaching and practice and in the care and cure of its sick and the literature that underlies this vast endeavor, indeed, much better aim higher and arrive there!

A. M. C.

Cook's Life of Florence Nightingale

In an article which appeared in the July 1919 issue of *THE PUBLIC HEALTH NURSE*, the statement was made that *The Life of Florence Nightingale*, by Cook, was believed to be out of print. This is not the case. The book may be obtained from The Macmillan Company, 64-66 Fifth Ave., New York. Price \$12.00.

DIGESTS.

Child Welfare Methods and the Foreign Born

Under this title the Survey for January 3rd has a notable article by Dr. William A. White. Every word is so valuable to nurses we

hesitate to destroy the completeness of its message by any extract or condensation. Dr. White takes up the principle of fitting social treatment to the family ability to carry it out. If the advice is feasible and practical there must still remain the consideration of those who receive it and those who give it. The factors that enter into the condition of receptivity by which any given family can carry out the advice given to it are:

First: The mental equipment of the family. This involves the inherent quantity and quality of brain matter, the past environment, the present environment, the limits of possible expansion, and above all the family's knowledge of language.

Second: The family budget, the earning power of the family unit. This must also be considered from the standpoint of past environment and training, present environment, power of expansion, and such outside influences as the labor market, scale of wages, price of necessities, housing conditions of the neighborhood, taxation, etc.

Third: The moral equipment of the family unit, its willingness to be helped. Here must be considered past education in ethics, present ethical environment, possibility of change of environment, and the influence of the family group of the past and present which shows the tendency of the moral make-up of the group to be helped."

Those who give advice must also be considered—the growing army

of doctors, nurses, teachers, inspectors and visitors. We cannot neglect the adviser, or our mission would fail. In America, with its doors open to all comers, each generation—far from having self-determination—must conform to the rules and regulations laid down by those who preceded them. For this reason they remain foreigners for two or three generations.

Dr. White describes in a few vivid paragraphs European conditions as he has seen them in the last two years, Serbs and Hindus, Algerians, Austrians, Italians and French—and asks, what are we doing to make citizens of these widely varying incoming groups? How can the great group be made into healthy American citizens? How can ignorant idealism be excluded?

In summarizing the seven stages of childhood, with the principles of child welfare applied and requiring specially trained and adapted agents, Dr. White points out that this would be a task of sufficient difficulty if all our children had uniform homes, and the homes a uniform knowledge.

Which group of educators then is the most potent and numerous to handle our varied national problem of health welfare?

Dr. White believes that the building stone of the present time is the Public Health Nurse, and her own district which she can adequately handle.

Their equipment, however, must be made sufficiently varied, and it

is not sufficient that they should be trained in the handling of the foreign groups in America, their knowledge must be pushed back to the places from which these groups have come. This Dr. White believes from the successful coöperative experiments in France and Italy, to be the great opportunity that out of war conditions has come to America. America should send her student nurses to every country which feeds her with immigrants, and bring back as many foreign nurses as possible to create a nursing group to handle the children coming for permanent residence from every country.

We may add that the first of this hoped-for group has arrived, Mlle. O. de Bouglon, through the international scholarship fund established for France and Italy.

Need and Method of Coöordinating Federal, State and Local Health Agencies in Promoting Industrial Hygiene

The article in the December number of *The American Journal of Public Health* by J. W. Schereschewsky, Assistant Surgeon, U. S. Public Health Service, with this somewhat formidable title is well worth reading in entirety. Dr. Schereschewsky says that following the tremendous industrial expansion and the prodigal way in which industrial man power has been considered in this country in the past, we are now realizing that while on one hand industrial development tends more and more to expose the individual to health dangers, on the other it is being

realized that work should prolong rather than shorten life, and that working conditions should conserve rather than impair health. A constructive national policy for the better protection and conservation of industrial health is therefore imperative. All workers should have the same measure of health protection, no matter in what part of the country they live. To attain this end, Federal, State and Local agencies must play an interlocking part. The paper discusses Federal activities in connection with State and local governmental agencies. The extent to which the Federal government may act is limited by the constitution. The powers of the Federal government are investigative, advisory, coöperative and, to a certain extent, regulatory. Under usual conditions, the intra-State enforcement of regulations for health protection is accomplished by the police power of the States. In reality the regulatory power of the Federal government is co-extensive with public opinion. It is the development of the sense of responsibility on the part of the people of the State and locality which will enable the Federal government to play its really powerful and useful part in improving health conditions generally. The Public Health Service with the power conferred under the constitution has prepared a national program for improving industrial health. It has been presented to Congress with an appeal to provide the funds for

carrying it out. The section of the program dealing with industrial health is as follows:

- (a) Continuing and extending health surveys in industry with a view to determining precisely the nature of the health hazards and the measures needed to correct them.
- (b) Securing adequate reports of the prevalence of disease among employes and the sanitary conditions in industrial establishments and communities.
- (c) National development of adequate systems of medical and surgical supervision of employees in places of employment.
- (d) Establishment by the Public Health Service, in coöperation with the Department of Labor, of minimum standards of industrial hygiene and the prevention of occupational diseases.
- (e) Improvement of the sanitation of industrial communities by officers of the Public Health Service, and coöperation with State and local health authorities and other agencies.
- (f) Medical and sanitary supervision by the Public Health Service of civil industrial establishments owned or operated by the Federal government.

The rest of the article discusses in detail the special points of this program.

On Page 973 of the same number (December) of the American Journal of Public Health will be found an interesting synopsis of the efforts made during the first fifty years towards a Federal Health Service.

The Seventh Annual Report of the Chief, Federal Children's Bureau is now available. It contains besides a general summary of the year's work, much of general interest. New measures for Child Health, Minimum Standards for

Children entering employment, Minimum Standards for public protection of the health of mothers and children, Public protection of Maternity and infancy and a program of Children's Year Follow-up, in which is listed the States of the birth registration area—all well worth careful reading.

The Survey of December 22nd places before the readers through the medium of Mr. Devine brief but comprehensive commandments on "Health Goals."

A larger and happier life for the individual—a more vigorous and better endowed race. Our own slogan really—"An Equal chance for Equal Health." The means to this end is given in thirteen short paragraphs. Education, Moral and Religious Agencies, Coördination, Support of Scientific Research, Public support for the medical and nursing professions in raising and maintaining professional standards, Recognition of the point of view of mental hygiene, Propaganda in creating a social ideal of health. These are some of the headings. An admirable page for the Public Health Nurse to read, criticize or accept.

What shall we do with the awakened energies of American women now that the urgencies of war are at an end?—is a question often asked at the present moment.

Dr. Frances Sage Bradley of the Federal Children's Bureau, who in her adventures with the Child

Welfare Special* through the Southern States has an exceptional opportunity to note community conditions, writes to the Library her convictions on the burning question:

I should like to tell you how strongly I feel in regard to the slipping away of a wonderful opportunity of enlisting the energies of every woman in the country in a great campaign for better conditions for women and children.

There has never been anything like it. During the war naturally the heart of America was at the front. Every thought, word and deed was for the men at the front. At home all party lines were down, all friction and petty jealousies forgotten, men, women and children working as one man, and America surprised not only the world but herself by the results of her splendid, unified effort.

With the Armistice, however, all this was changed. Everybody rejoiced of course. The thing they had prayed, worked, fought for was accomplished, but meantime the civilian population, keyed up to the highest state of service and exaltation was without a job. Moving as we do in The Child Welfare Special from town to town and from county to county, the cry is the same everywhere, "What can we do Now?"

In the course of time civil affairs will readjust themselves.

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*An article on the Child Welfare Special appeared in our December issue.

Thousands of little clubs will revive; new interests arise; and resourceful women will find interesting things to do. Meantime it is intolerable that this great splendid organization should go to pieces and its energies are dissipated as in pre-war days. Given a definite program of universal appeal, every woman would line up as for Red Cross work and truly no obstacle could withstand such a force. It is astonishing that no organization is prepared to meet such an emergency, and the psychological moment is passing. Apathy will take the place of energy and the indifference of enthusiasm.

Our big government truck is painted a battleship gray and as the crowds of villagers swarm around us we are forced to capitalize to a certain extent the dramatic effect of its warlike appearance. We are hailed with delight and eagerly the public awaits a new national call to service.

The Special is doing its best to interest rural communities—

1. In the need of better supervision of maternal and child welfare.
2. To inspire a feeling of municipal responsibility in regard to such supervision.
3. To suggest methods by which this may be accomplished.

Naturally the first step is to secure an adequate public health nursing service. The Special has the satisfaction of leaving in its wake a number of such nurses where before there were none. We feel quite proud of ourselves when

we can leave a country in the hands of a well-trained nurse. She is our best hope for educating the mother, for quickening the public conscience and for leading to the establishment of permanent welfare stations, of which we are only the forerunner."

Eleanor Robson Belmont in an article in the *Tribune* makes an earnest appeal to have these energies devoted to these needs and services, which though not so spectacular as those of war, are within our own gates. Mrs. Belmont says:

"The million of women throughout America who consecrated the last two years to Red Cross work have learned the spiritual value of patriotism and in so doing have created for themselves a new form of citizenship. This is true not only of the women in the cities and towns, but of those of our many scattered villages and farms. It was beautiful and wonderful to watch the flame of the spirit spread from community to community and it was inspirational to feel and watch the onward march of our women. . . . Are these million of workers going to let their hands fall idle and then drop back into former paths of ease? The accomplishments of these years must not be wasted. I am a strong believer in universal service for women as well as men . . . but we must be unified and so organized practically that we can meet any and every call made on our womanhood by civic, national and international crises. . . . We are now privileged to devote a great part of our strength to our own communities and their individual problems." Mrs. Belmont goes on to say that in her belief this can only be done by maintaining the cohesion and coöperation of the divisions and chapters formed in the various communities under the Red

Cross. Experience with children in the war zones and during the influenza epidemic "has made the Red Cross feel that in public health nursing and in providing home nursing lie one of its greatest opportunities for humanitarian service." Those who had the faith and courage to carry on when menaced by a dreadful

foe will have the patience and determination to carry on when confronted by peace time problems of child welfare and public sanitation, the control of contagious and infectious diseases, the spread of truancy among school children and other conditions that complicate our daily living.